

Name  
in  
Full

## CERTIFICATE OF DEATH

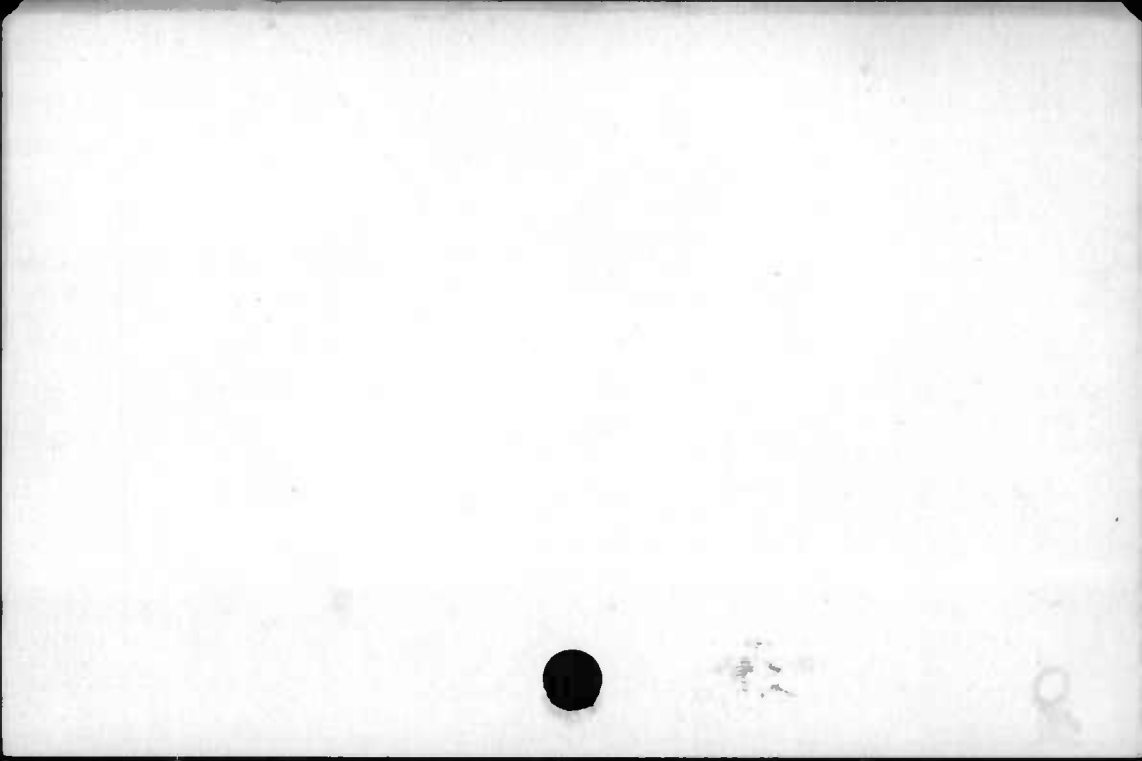
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambidge Md</i>		Town <i>Cambidge Md</i>		County <i>Dorchester Co</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>1</i>		Age <i>3</i> Months <i>—</i> Days <i>—</i>	
Sex <i>White-Male</i>		Color or Race <i>White</i>		Birth-place <i>Cambidge Md</i>			
Occupation <i>Infant-</i>		Where Residing if not at place of death <i>Cambidge Md</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Sidney Adams</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Olivia Moore</i>		Mother's Birthplace <i>Taylor Island</i>					
Name of person giving information <i>Sidney Adams</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>5 mo</i> with <i>179</i>
Immediate <i>&amp; Launha</i>	How long <i>Some weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dorchester</i>
	Address <i>Cambidge Md</i>
Accident or Suicide?	



Name  
In  
Full

Mollie E. Blades

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Long Run <sup>County</sup> Monroeville

Date of death 1906 10 19 Age 46 Months Days

Sex Female Color or Race White Birthplace Caroline Co

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband John Blades

Father's Name Leven Hubbard Father's Birthplace Caroline

Mother's Maiden Name Mary E. Anderson Mother's Birthplace "

Name of person giving information Mary E. Hubbard How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

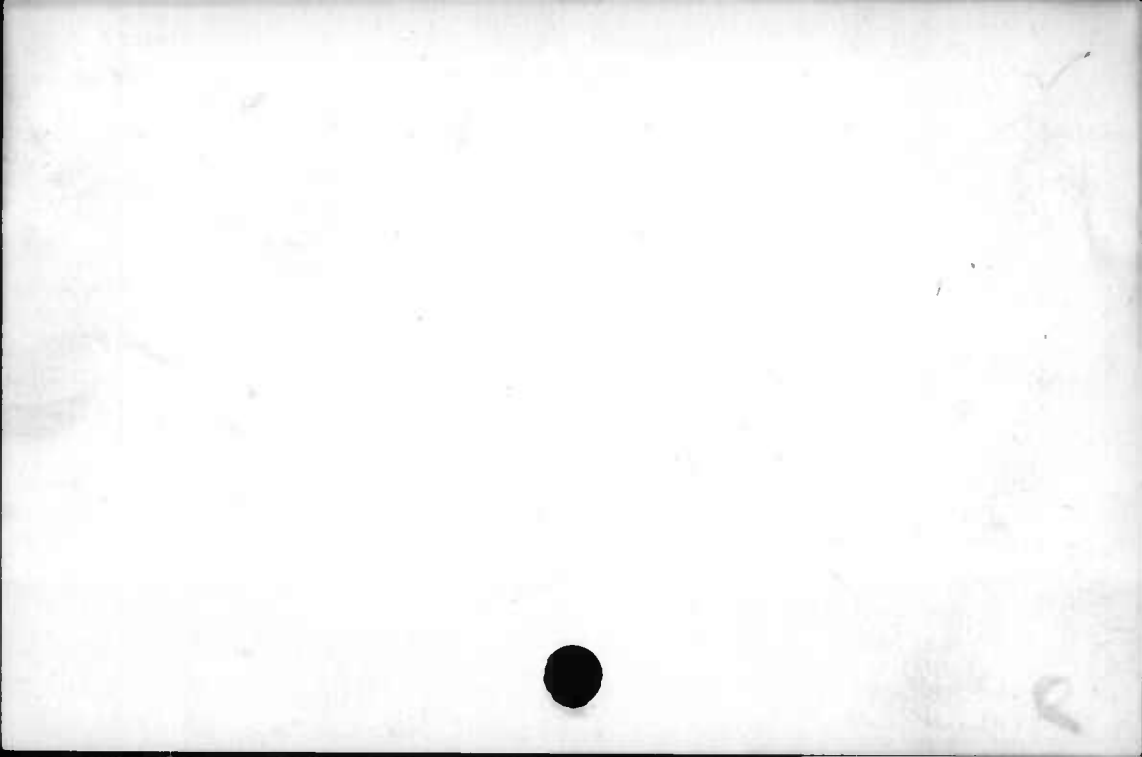
Primary Chronic Interst. Nephritis How long don't know

Immediate Uraemic Convulsions How long 10 days

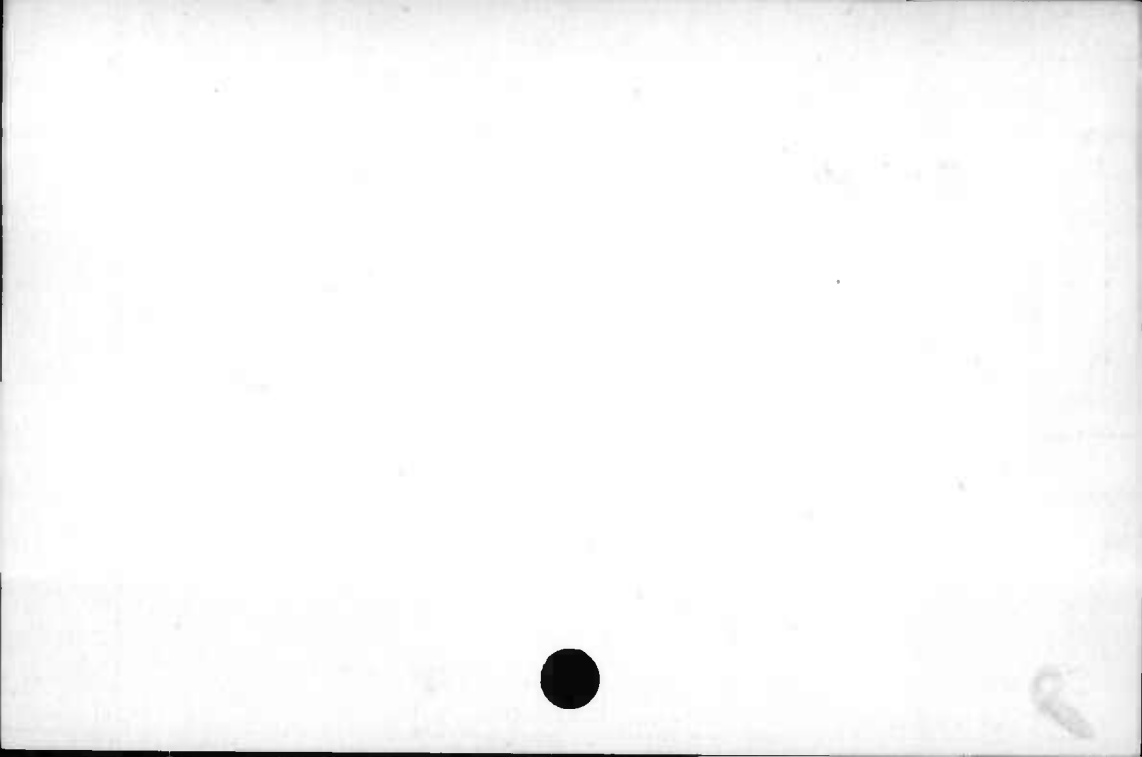
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Edward L. Jones

Address East New Market, Md

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambridge</u>				<u>Dorchester</u>		MARYLAND	
		Date of death		Month	Day	Age	Years	Months	Days
		190 <u>6</u>		<u>Oct.</u>	<u>29</u>	<u>60</u>			
		Sex	Color or Race		Birth-place				
		<u>Male</u>	<u>Colored</u>		<u>Maryland</u>				
		Occupation	Where Residing if not at place of death						
		<u>Laborer</u>	<u>Cambridge "</u>						
Married, Single or Widowed		Name of Wife or Husband							
<u>Widower</u>		<u>Rebecca Burton</u>							
Father's Name		Father's Birthplace							
Mother's Maiden Name		Mother's Birthplace							
<u>Eliza Ward</u>		<u>Maryland</u>							
Name of person giving information		How related to deceased							
<u>John W. Burton</u>		<u>Son</u>							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		<u>Tuberculosis</u>							
		Immediate				How long			
		<u>Heart Failure</u>							
Are the name, age, sex, color, date and place correctly given above?		ye		Signature of Physician					
				<u>E. E. Waloff</u>					
				Address					
				<u>Cambridge, Ind.</u>					
Accident or Suicide?									



Name  
in  
Full

Annix E Camper

## CERTIFICATE OF DEATH

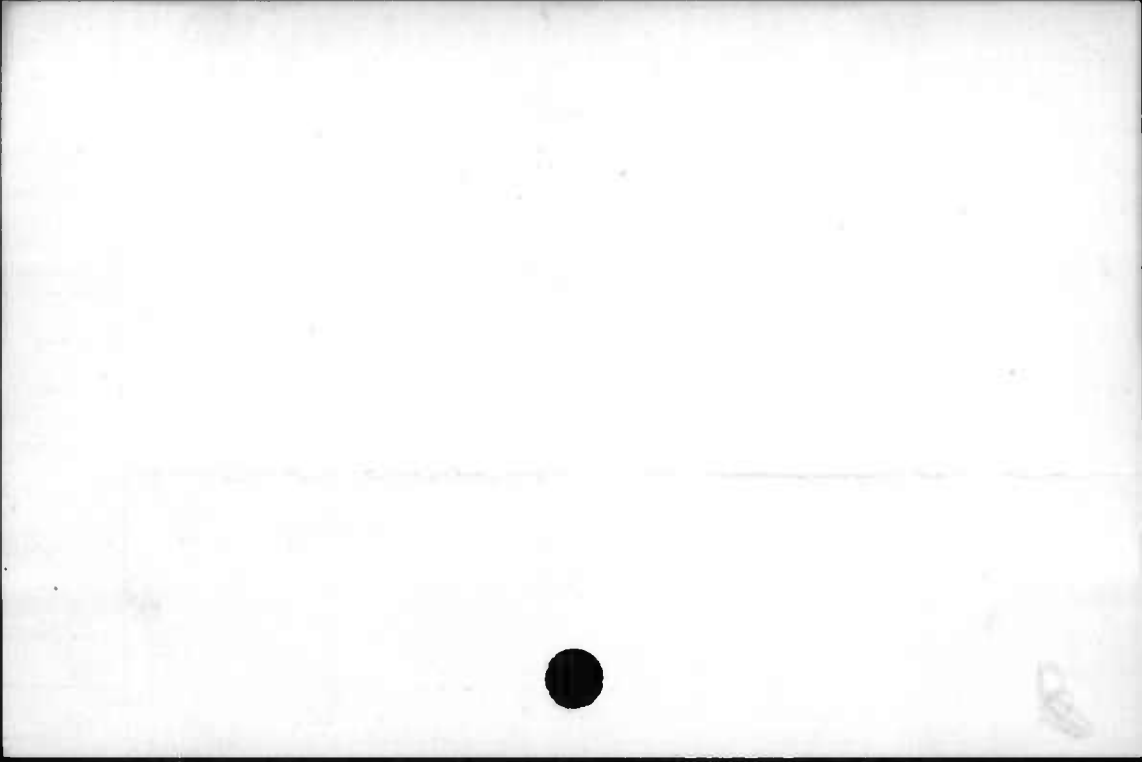
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East new market</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>10th</i>	Day <i>13th</i>	Age <i>one</i>	Months <i>6</i>	Days
Sex <i>female</i>	Color or Race <i>Colord</i>		Birth-place <i>Dorchester</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Thos M. Camper</i>		Father's Birthplace <i>Dr. Co</i>			
Mother's Maiden Name <i>Maggie Cornish</i>		Mother's Birthplace <i>Dr. Co</i>			
Name of person giving information <i>Thos M. Camper</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>105</i>
Immediate <i>Cholera Infantum</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. R. Myers</i>
	Address <i>Hubeon 2nd</i>
Accident or Suicide? <i>✓</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Camper*

Town *Cambridge* County *Dorchester* MARYLAND

Died at *Cambridge*

Date of death *1906 Oct. 6* Age *82* Months *0* Days *0*

Sex *Female* Color or Race *Colored* Birthplace *Maryland*

Occupation *Servant* Where Residing if not at place of death *Cambridge "*

Married, Single or Widowed *Widow* Name of Wife or Husband *Henry Camper*

Father's Name *John Moolock* Father's Birthplace *Maryland*

Mother's Maiden Name *Ritta "* Mother's Birthplace *Maryland*

Name of person giving information *Mrs. J. Beckwith* How related to deceased *None*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Old age & Valvular Heart Disease* How long *—*

Immediate *Pneumonia (Hypostatic)* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. G. L. Brown*

Address *Cambridge Md*

Accident or Suicide? *No*



10

Name  
in  
Full

Shadrach

Carmine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cambridge<sup>County</sup> Dorchester

Date of death 1906 Oct

Day 10

Age 72

Months 4

Days

Sex Male

Color or Race White

Birth-place Maryland

Occupation Carpenter

Where Residing If not at place of death Cambridge Md

Married, Single or Widowed Married

Name of Wife or Husband Sarah L. Carmine

Father's Name Thomas Carmine

Father's Birthplace Maryland

Mother's Maiden Name Martha Chilcutt

Mother's Birthplace "

Name of person giving information Sarah L. Carmine

How related to deceased Wife

## CAUSES OF DEATH

Primary aprofely

(H)

How long 1 hour

Immediate Paralysis cerebra Resp. center

How long

Are the name, age, sex, color, date and place correctly given above? Yes

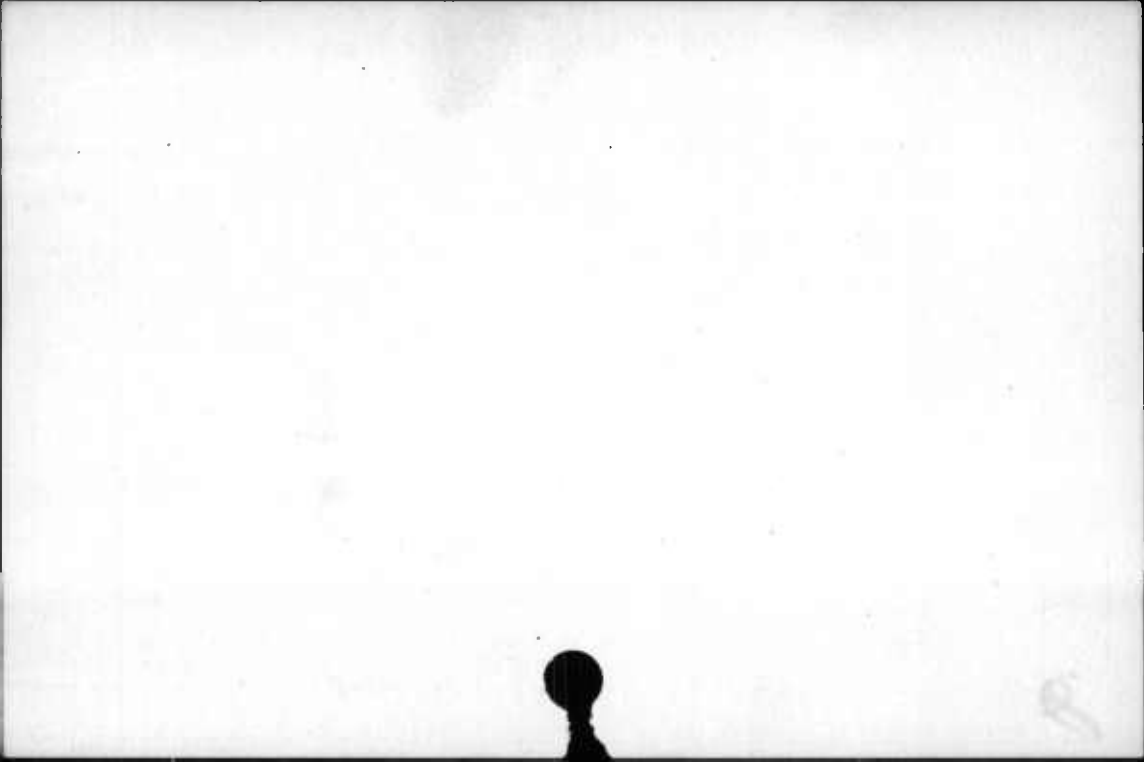
Signature of Physician

Guy Steele

Address

Cambridge Md.

Accident or Suicide?



Name  
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CERTIFICATE OF DEATH

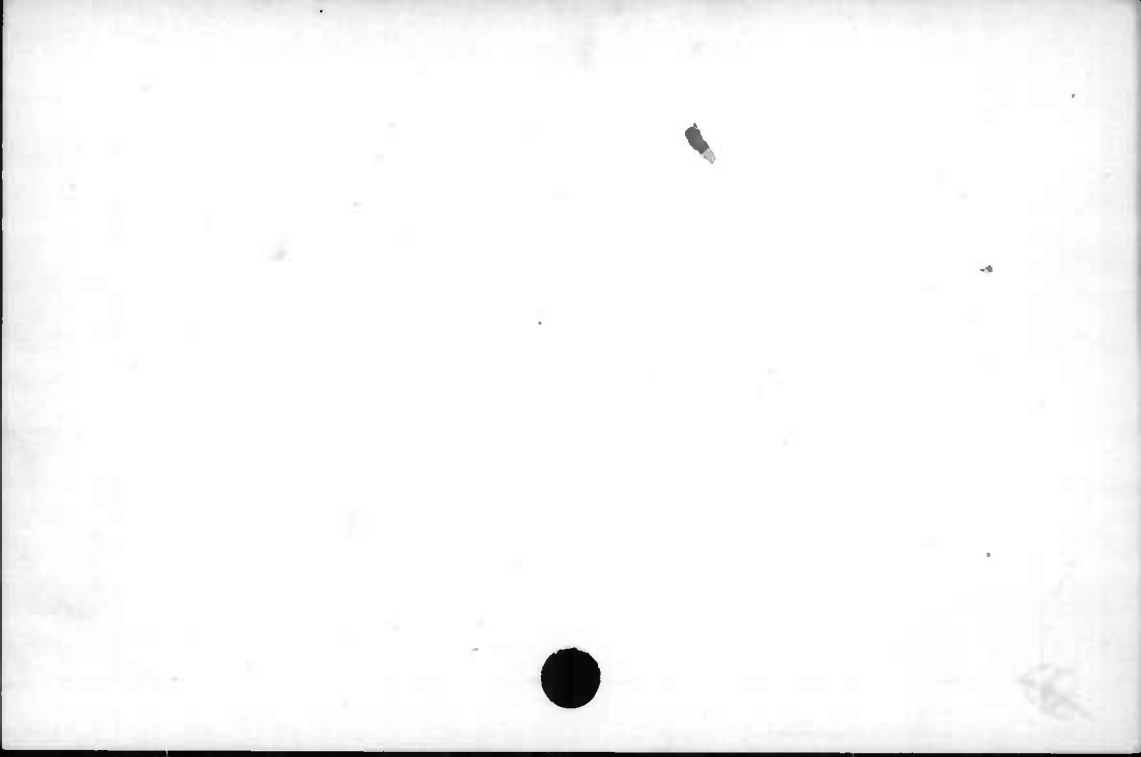
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Luttrellwood</u>		Town <u>Christopher</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>October</u>	Day <u>14</u>	Age <u>1</u>	Years <u>1</u>	Months <u>2</u>	Days <u>12</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Cambridge</u>			
Occupation <u>---</u>			Where Residing if not at place of death <u>Luttrellwood</u>				
Married, Single or Widowed <u>---</u>		Name of Wife or Husband <u>---</u>					
Father's Name <u>Melvin St Christopher</u>				Father's Birthplace <u>Dorchester</u>			
Mother's Maiden Name <u>Maria Christopher</u>				Mother's Birthplace <u>Dorchester</u>			
Name of person giving information <u>Melvin St Christopher</u>				How related to deceased <u>Father</u>			

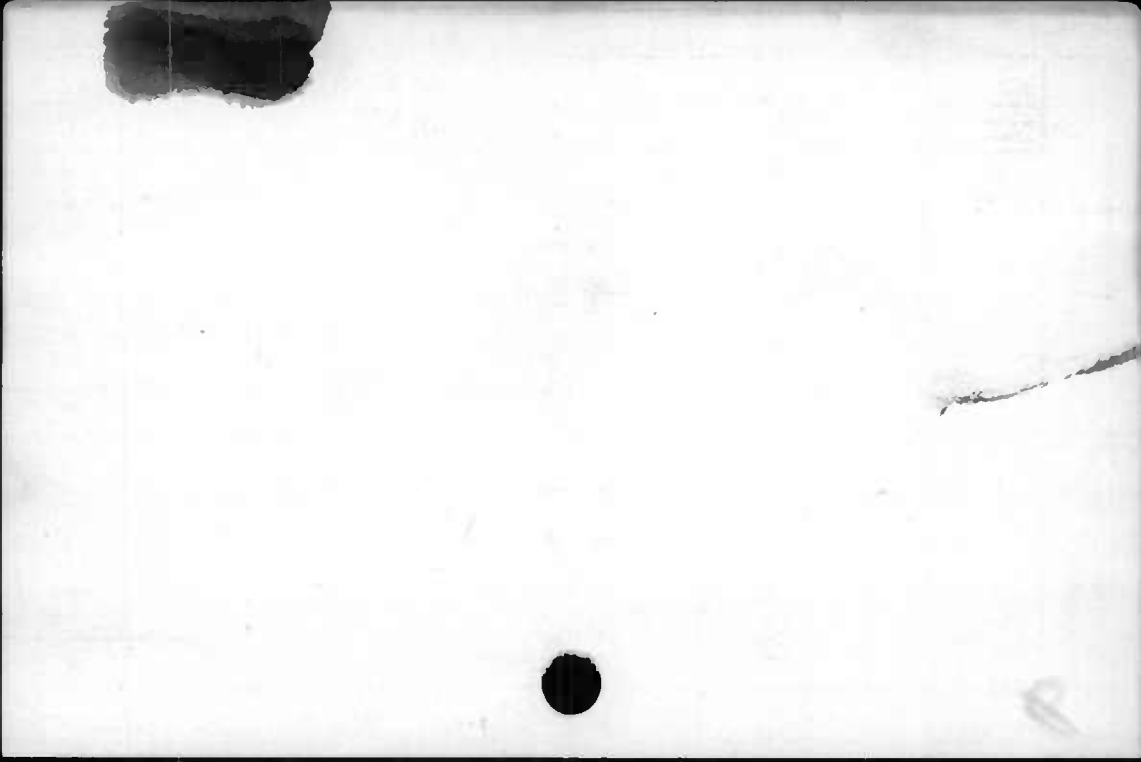
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Consumption</u>	How long	<u>27</u>
Immediate		How long	<u>16 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A M Varian</u>	
		Address <u>Luttrellwood</u>	
Accident or Suicide?			



Name in Full		Ellen Cornish				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND	
	Date of death		1906	Month Octo	Day 3 <sup>d</sup>	Age Years	Months 3	Days
	Sex		female		Color or Race colored		Birth-place Cambridge	
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed				Name of Wife or Husband			
	Father's Name				Father's Birthplace			
PHYSICIAN OR CORONER	Mother's Maiden Name				Mother's Birthplace			
	Name of person giving information				How related to deceased			
	Susan Cornish				Sister Mother			
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long		105			
	Immediate		Cholera Infantum		How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		none			
			Address		Dorchester & Annapolis			
					Annapolis			
Accident or Suicide?								





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CERTIFICATE OF DEATH

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NEAREST FRIEND

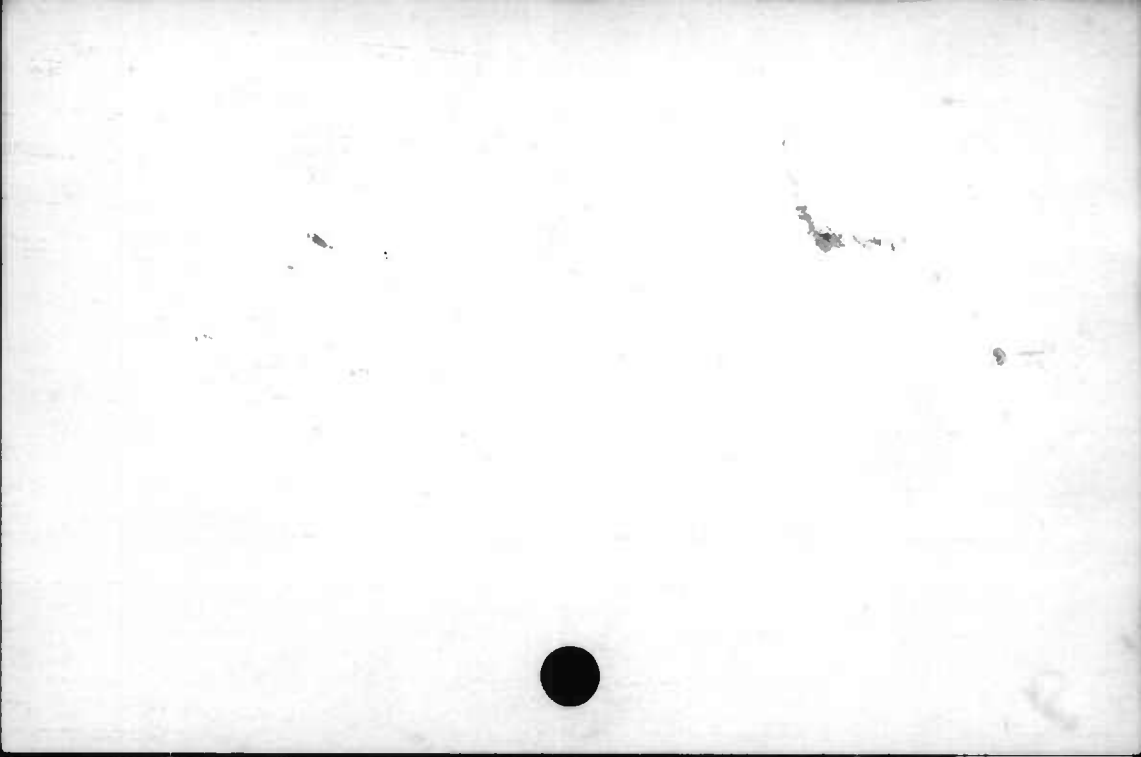
MARYLAND

Died at		Town <i>Craft</i>		County <i>Dor</i>	
Date of death	1906	Month	Oct	Day	31
Age		Years		Months	4
Sex	male		Color or Race	white	
Birth-place	md				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	Thomas Craft			Father's Birthplace	md
Mother's Maiden Name	Alice Nichols			Mother's Birthplace	md
Name of person giving information	Thomas Craft			How related to deceased	father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>marasmus</i>		How long	<i>2 weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>R. K. Jefferson</i>	
			Address <i>Federalsburg</i>	
			<i>md</i>	
Accident or Suicide?				



Name  
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Full

B.W. Broughton

## CERTIFICATE OF DEATH

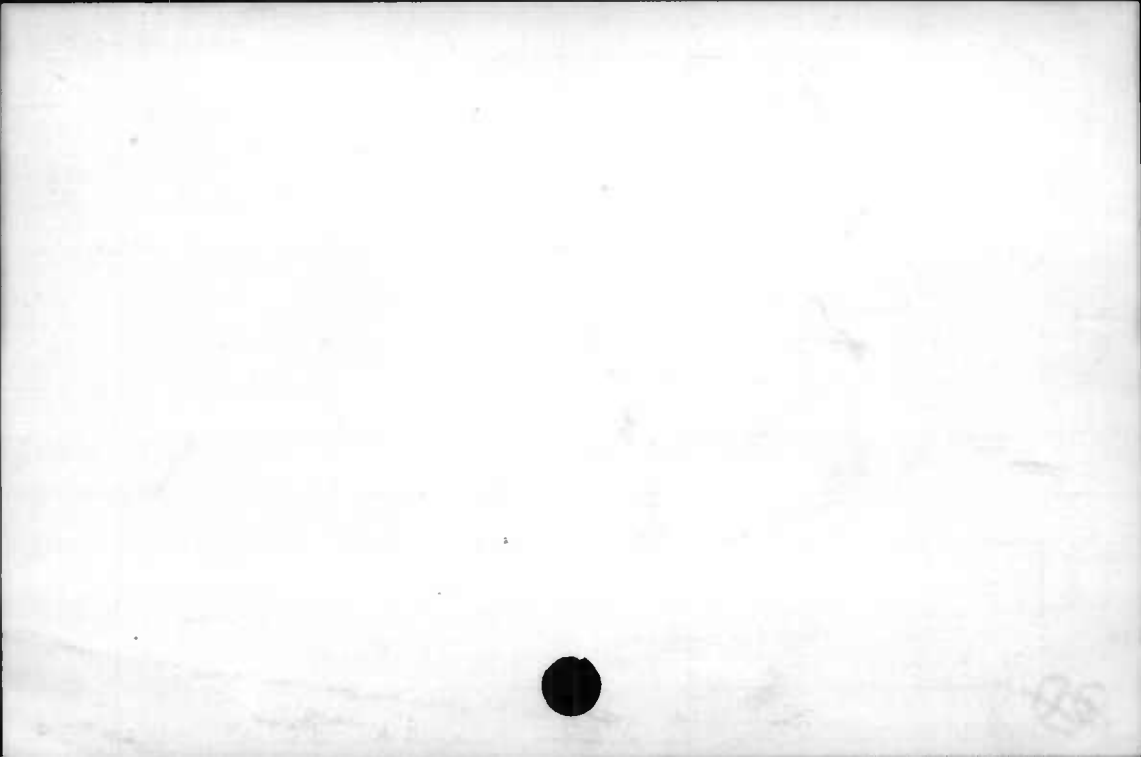
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1906</u> Month <u>Oct</u> Day <u>22</u> Age <u>1</u> Years		Months <u>1</u> Days			
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Cambridge, Md</u>	
Occupation <u>-</u>		Where Residing If not at place of death			
Married, Single or <u>Widowed</u>		Name of Wife or Husband			
Father's Name <u>Wm J Broughton</u>		Father's Birthplace <u>Dorchester, Md</u>			
Mother's Maiden Name <u>Jenny W Broughton</u>		Mother's Birthplace <u>" " Md</u>			
Name of person giving information <u>Jenny W Broughton</u>		How related to deceased <u>Mother</u>			

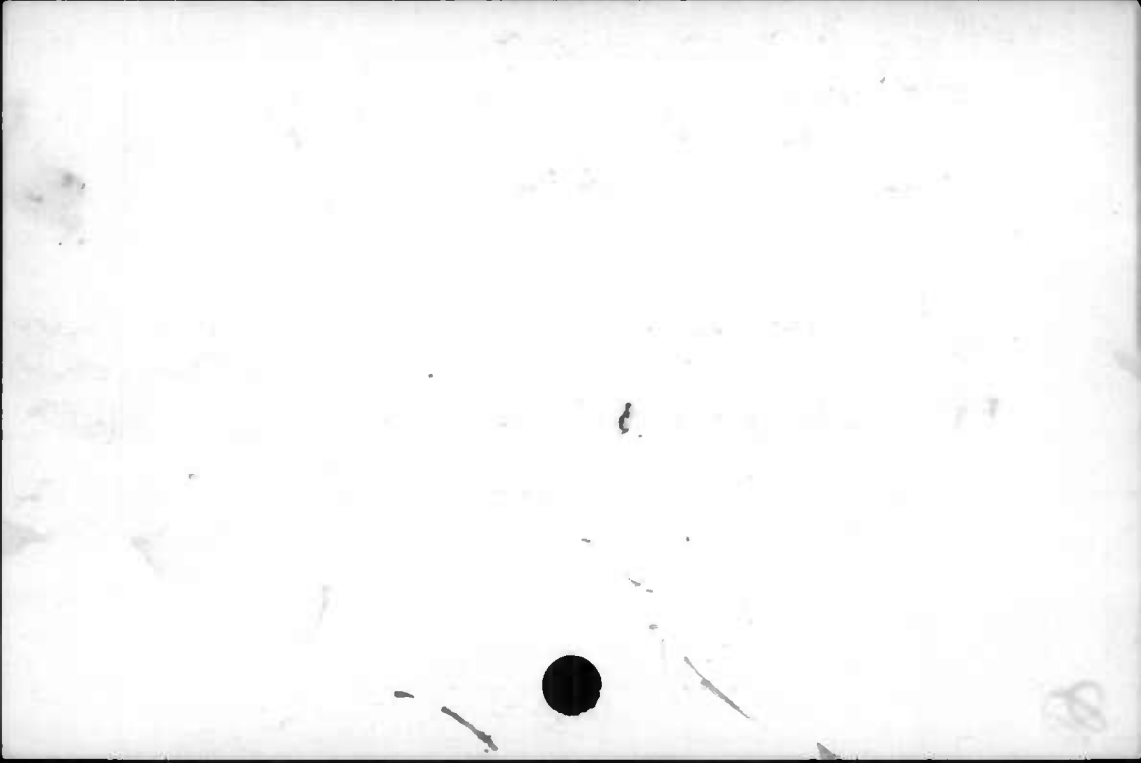
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pertussis</u>	How long <u>Some weeks</u>
Immediate <u>Pneumonia</u>	How long <u>Seven days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D.W. Gula Brown</u>
	Address <u>Cambridge, Md</u>
Accident or Suicide? <u>No</u>	



Name in Full		George Morgan Dean				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month		Day		Years	
	1906		Oct		6		Age	
	Sex		Color or Race		Birthplace		Months	
	Male		white		Brocherson		1	
	Occupation		Where Residing if not at place of death		Days		15	
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace		
				George Dean		Brocherson		
Mother's Maiden Name		Name of person giving information		Mother's Birthplace		How related to deceased		
		George Dean		Brocherson				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Sick Stomach		How long		2 weeks	
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
Accident or Suicide?		A. J. Harrison & Sons, Teter						



Name  
In Full

## CERTIFICATE OF DEATH

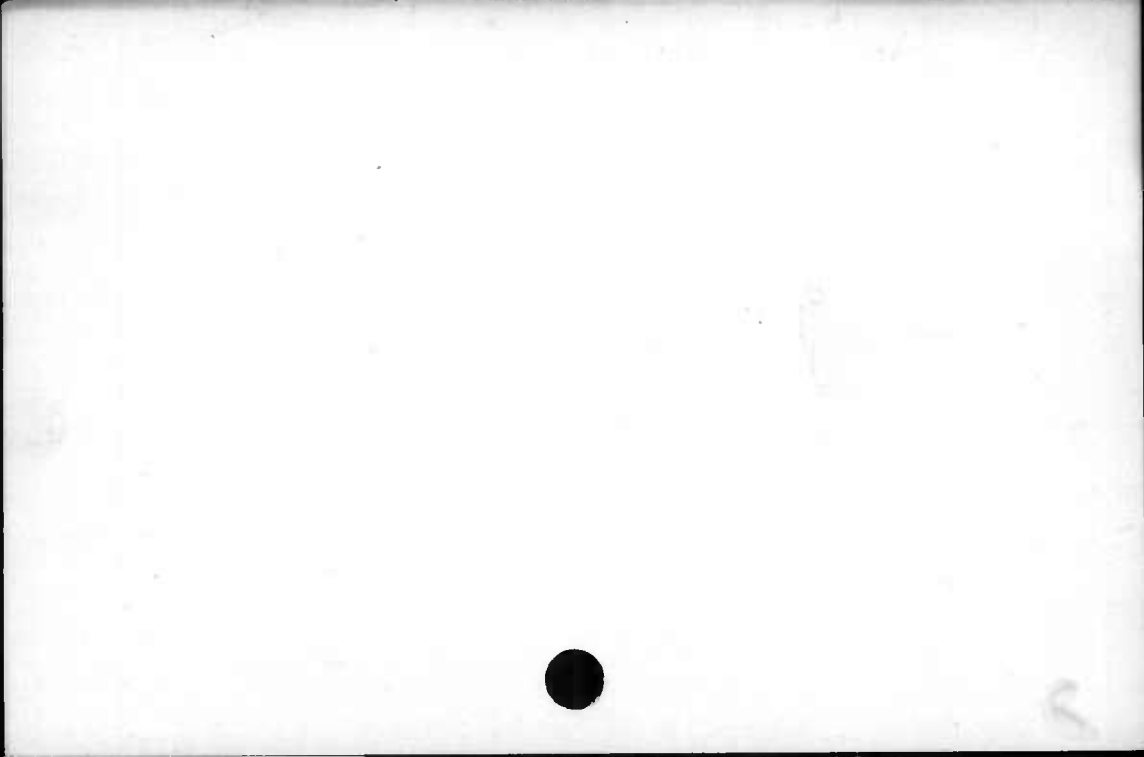
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brookhaven</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>1</i>	Age Years	Months <i>1</i> Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>George Sean</i>			Father's Birthplace <i>Brookhaven</i>		
Mother's Maiden Name			Mother's Birthplace <i>Brookhaven</i>		
Name of person giving information <i>George Sean</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Thrush</i>	<i>100</i>	How long <i>18 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician	
	Address	
Accident or Suicide?	<i>A J Kimman</i>	





Name  
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## CERTIFICATE OF DEATH

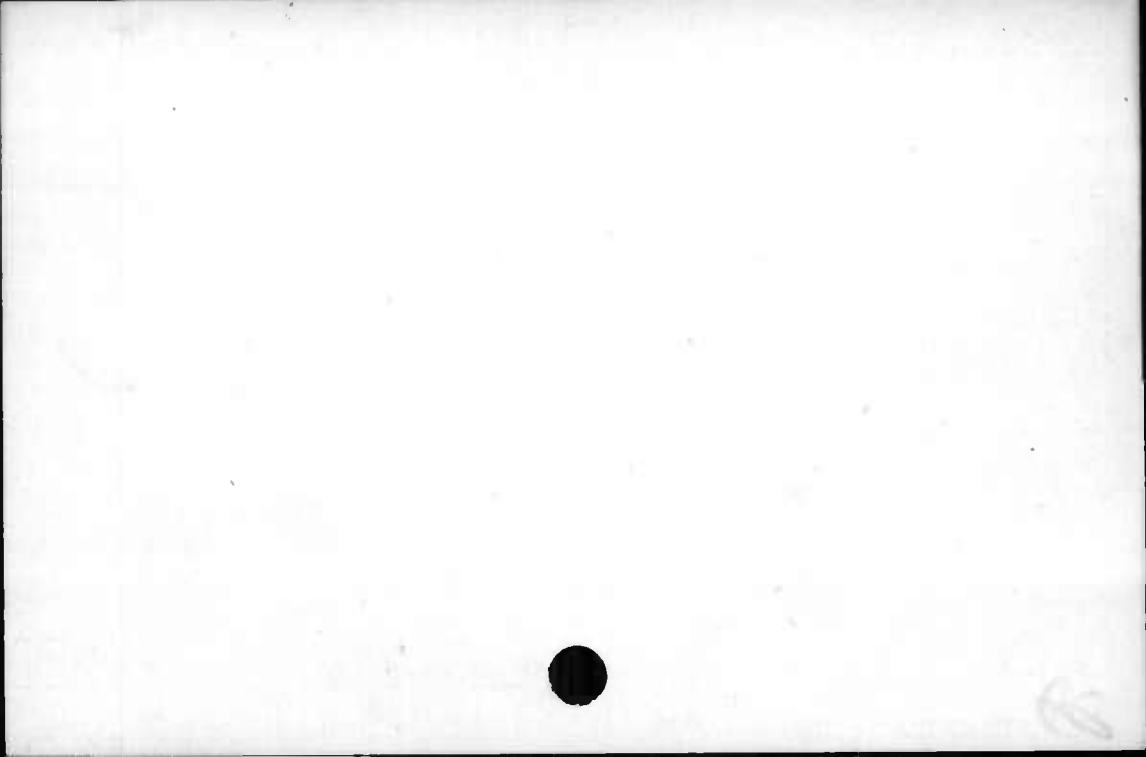
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East New Market</i> <sup>Town</sup> <i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	10
	3	Day	6
	8	Years	
Sex	Male	Color or Race	White
Occupation	Wheel Right	Birth-place	Dorchester
Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A Webster
Father's Name	Henry Elliott	Father's Birthplace	Del.
Mother's Maiden Name	don't know	Mother's Birthplace	
Name of person giving information	Mary A Elliott	How related to deceased	Wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	4 days
Immediate	Paralysis of Respiration	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Edward L. Jones	
Address		East New Market, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>1906 Oct.</i>	Day <i>2nd</i>	Age Years	Months <i>2</i>		Days —
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>None</i>			Where Residing if not at place of death <i>Cambridge "</i>			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<i>Samuel H. Harris</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Maggie Cannon</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Samuel H. Harris</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Malnutrition</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>E. E. Wauff</i>
<i>yes</i>		Address	<i>Cambridge, Md.</i>
Accident or Suicide?			



Name  
in  
Full

Mary E. Hoddinott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Cambridge TownCounty DorchesterDate of death 1906 Month OctDay 7Age 44 YearsMonths 9

Days

Sex FemaleColor or Race WhiteBirthplace MarylandOccupation House wifeWhere Residing if not at place of death CambridgeMarried, Single or Widowed MarriedName of Wife or Husband Mrs. S. HoddinottFather's Name Robert TraversFather's Birthplace IndMother's Maiden Name Mary S. HarperMother's Birthplace IndName of person giving information M. S. HoddinottHow related to deceased Husband

## CAUSES OF DEATH

Primary

Typhoid fever

How long

52 weeks

Immediate

Unseen

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

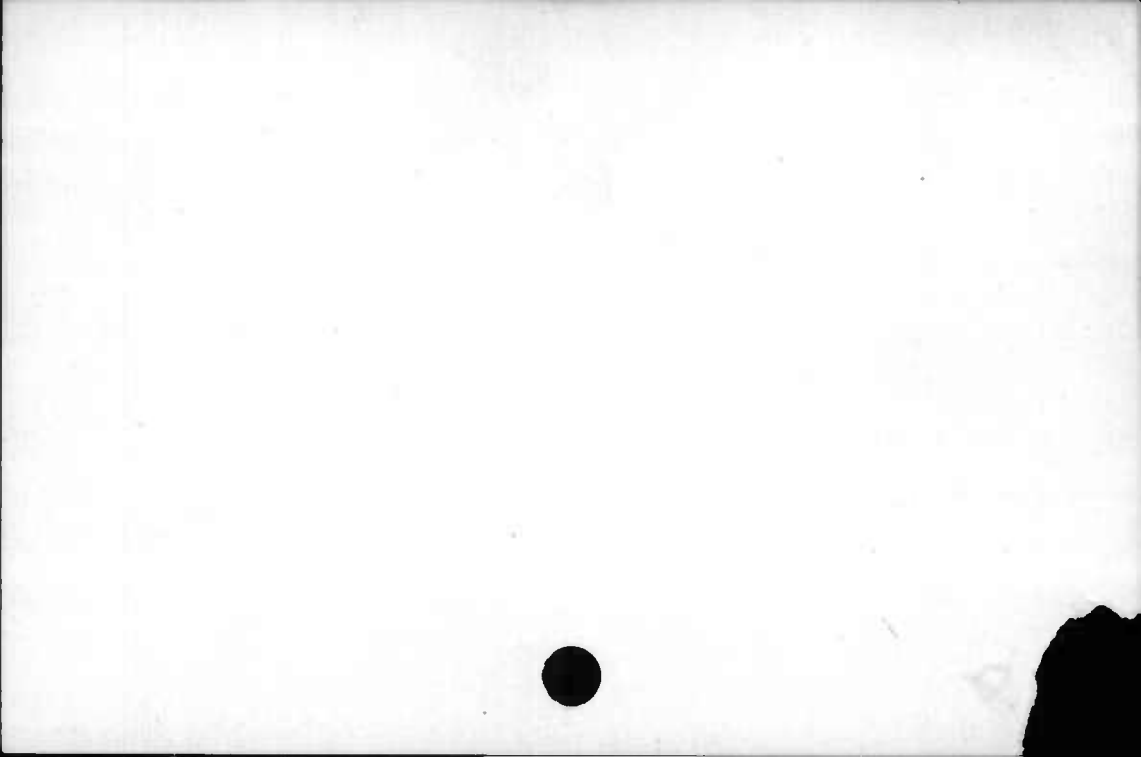
Yes

Signature of Physician

Address

John M. Mendenhall  
Cambridge, Ind

Accident or Suicide?



Name  
in  
Full

Evelyn Hubbard

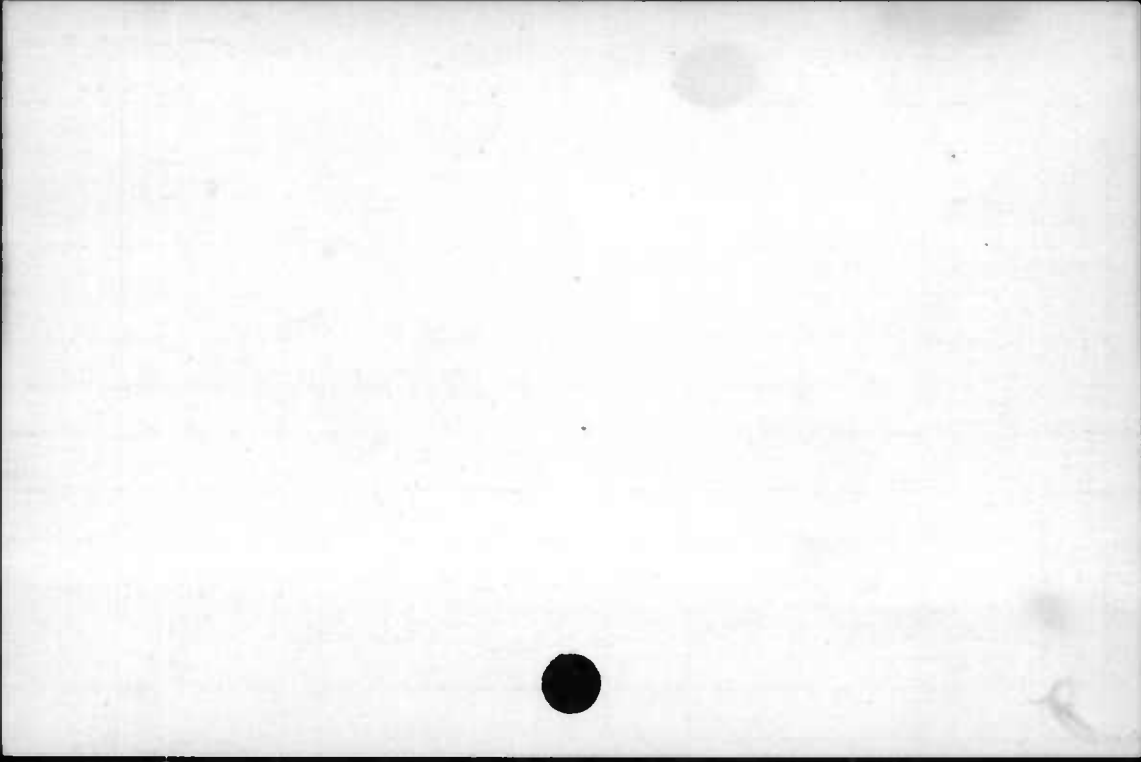
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East New Market</i>		Town <i>New Market</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1906	Month	10	Day	29	Age	12
Sex	Female		Color or Race	White		Birth-place	East N Market
Occupation	School Girl			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Ollie W Hubbard				Father's Birthplace	E N Market	
Mother's Maiden Name	Minnie Holland				Mother's Birthplace		
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

Primary	<i>Dysphoid Fever</i>		How long	<i>7 days</i>
Immediate	<i>Appendicitis (Shock from operation)</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>Edward L. Jones</i>
			Address	<i>East New Market Md</i>
Accident or Suicide?				





Name  
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Rebecca Hughes

## CERTIFICATE OF DEATH

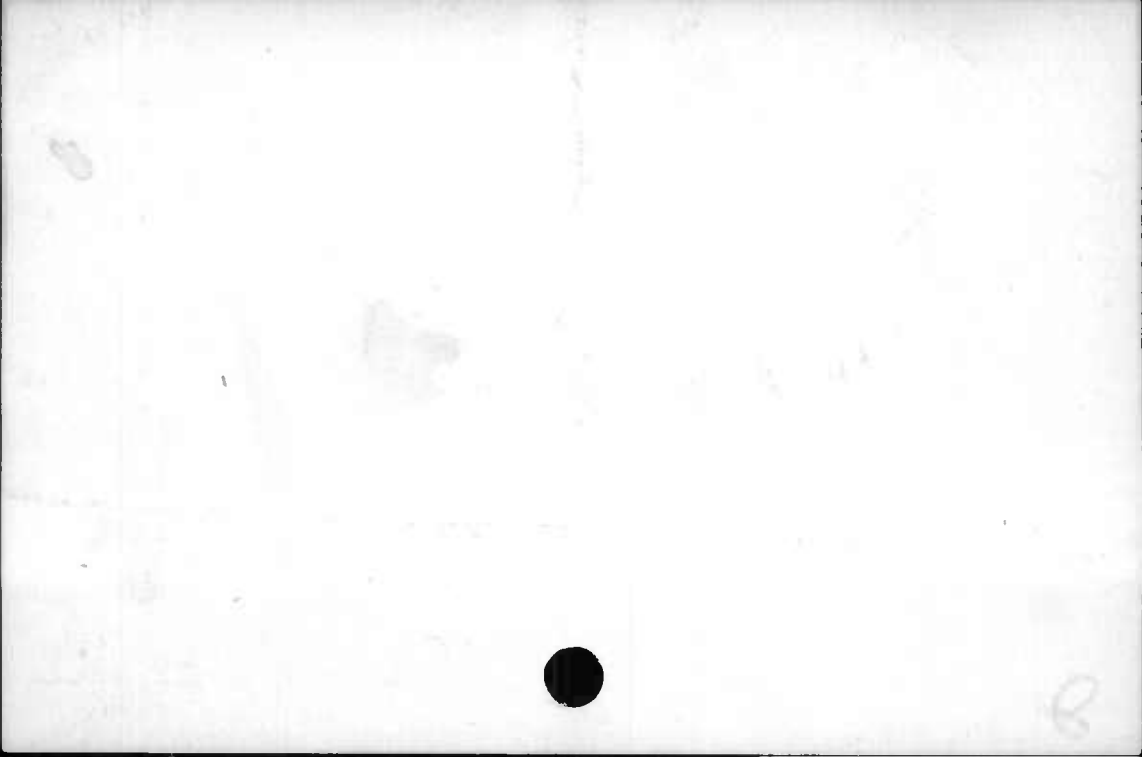
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hurlock</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Oct	Day	13
Age		5-7		Months	
Sex	Female		Color or Race	black	
Occupation	Laforen		Birth-place	unknown	
Where Residing if not at place of death			Hurlock		
Married, Single or Widowed	Single		Name of Wife or Husband	unknown	
Father's Name	unknown		Father's Birthplace		
Mother's Maiden Name	"		Mother's Birthplace		
Name of person giving information	Frank Hughes		How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>24 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr. Maguire (M)</i>
		Address	<i>Hurlock Mich</i>
Accident or Suicide?			



Name  
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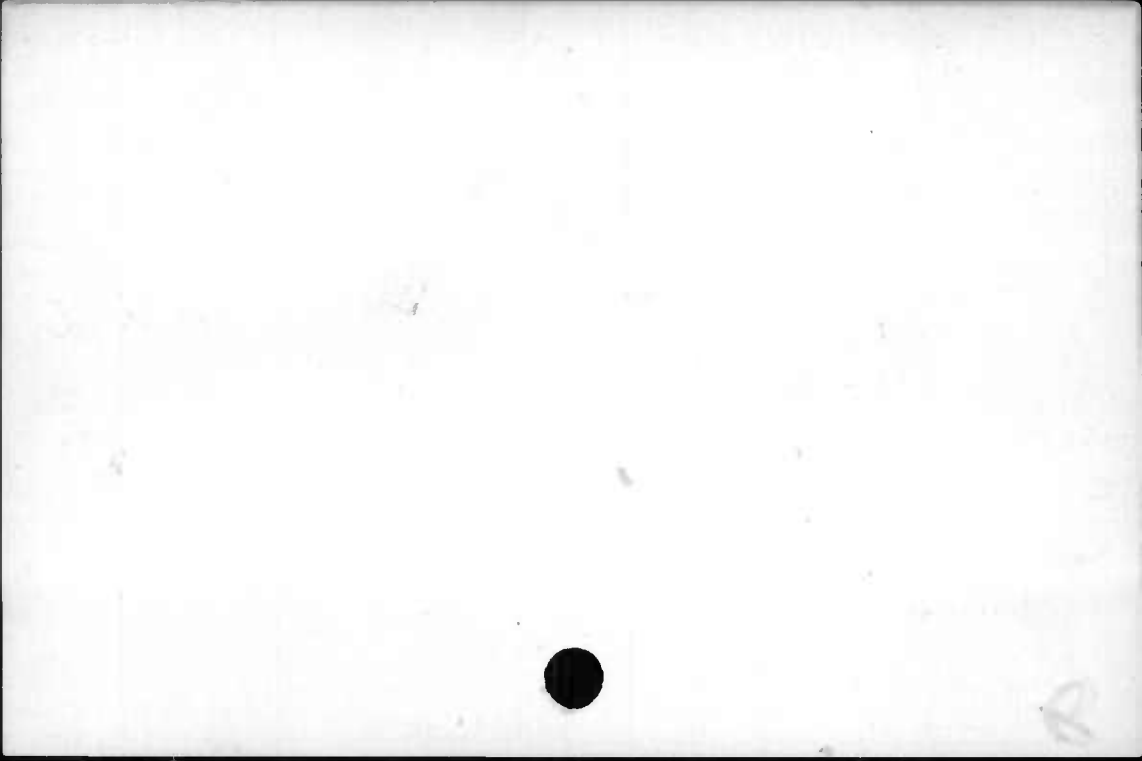
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catherine Horst</u>		Town <u>East New Market</u>		County		MARYLAND	
Date of death <u>1906</u>		Month <u>10</u>	Day <u>4</u>	Age <u>10</u>	Years	Months	Days
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Dorchester</u>			
Occupation <u>None</u>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <u>John W Horst</u>		Father's Birthplace <u>Dorchester</u>					
Mother's Maiden Name <u>Mate Beckwith</u>		Mother's Birthplace <u>11</u>					
Name of person giving information <u>John W Horst</u>		How related to deceased <u>Father</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Yes.</u>	How long <u>10 days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>A. Stoyne</u>
		Address <u>E. New Market</u>
Accident or Suicide?		



Name  
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May Kelly

## CERTIFICATE OF DEATH

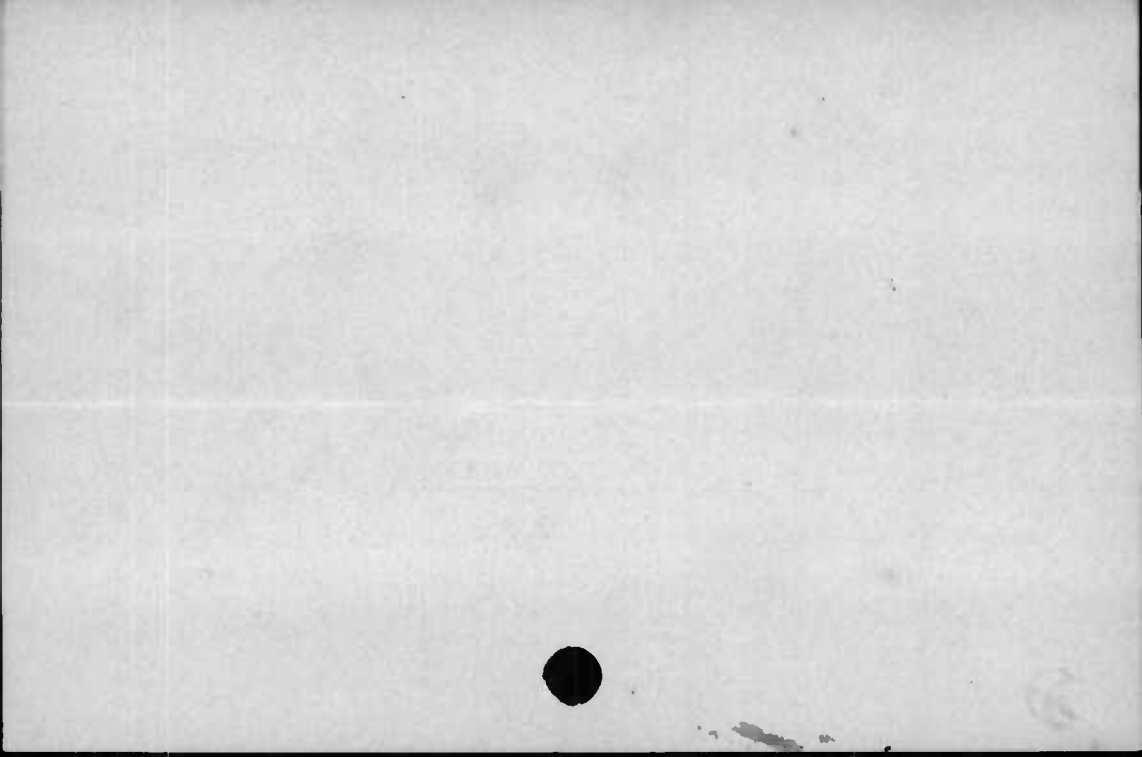
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Holland Island</i> <sup>Town</sup>		<i>St. Michaels</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Oct.	Day	21
Age		26		Years	—
Sex	Female		Color or Race	White	
Occupation	House wife		Birth-place	<i>St Michaels Md.</i>	
Where Residing if not at place of death		— <i>Holland Island</i>			
Married, Single or Widowed	Married		Name of Wife or Husband	Earnest Kelly	
Father's Name	Samuel J. J.			Father's Birthplace	Dumfries quarter
Mother's Maiden Name	Eddie Bradshaw			Mother's Birthplace	Holland Island
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 1/2 weeks</i>
Immediate	<i>Perforation of bowels</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. Gordon Vail</i>
		Address	<i>Holland Island Md.</i>
Accident or Suicide?			



Name  
in  
Full

Samuel C. Kiwan

## CERTIFICATE OF DEATH

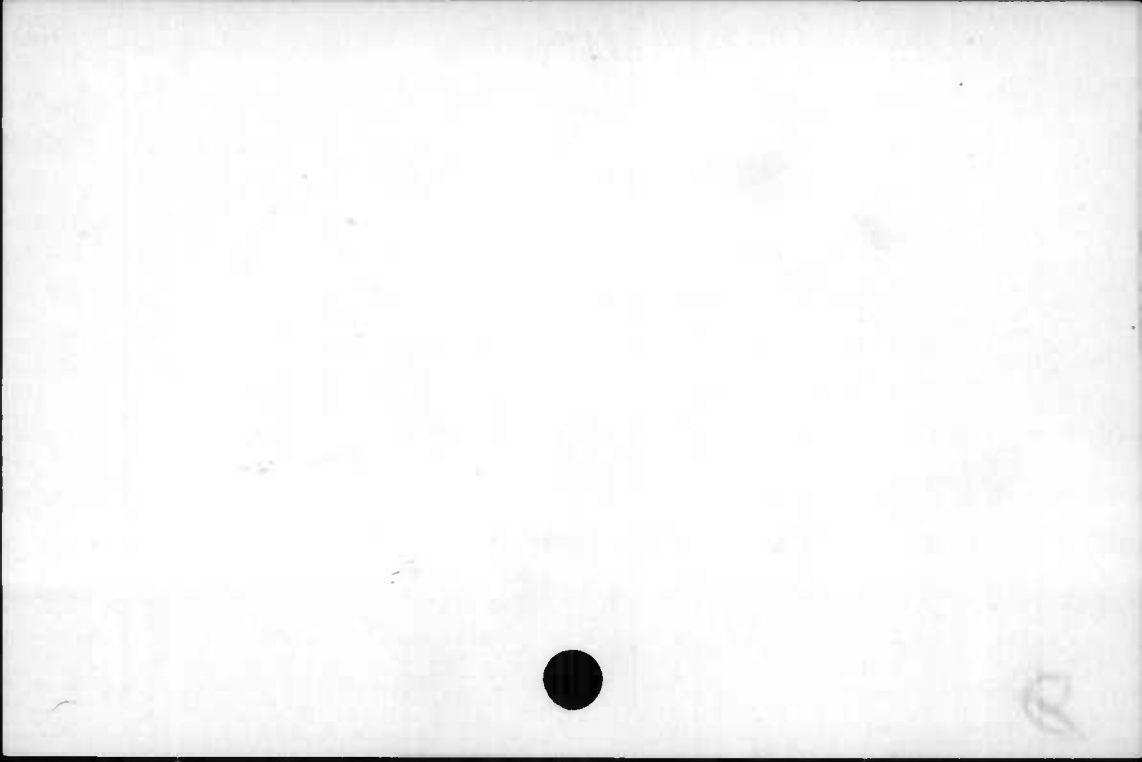
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Cambridge</i>		<sup>County</sup> <i>Dorchester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>5-</i>	Age <i>2</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Cambridge</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Samuel H. Kiwan</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Louisa Clark</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Samuel H. Kiwan</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

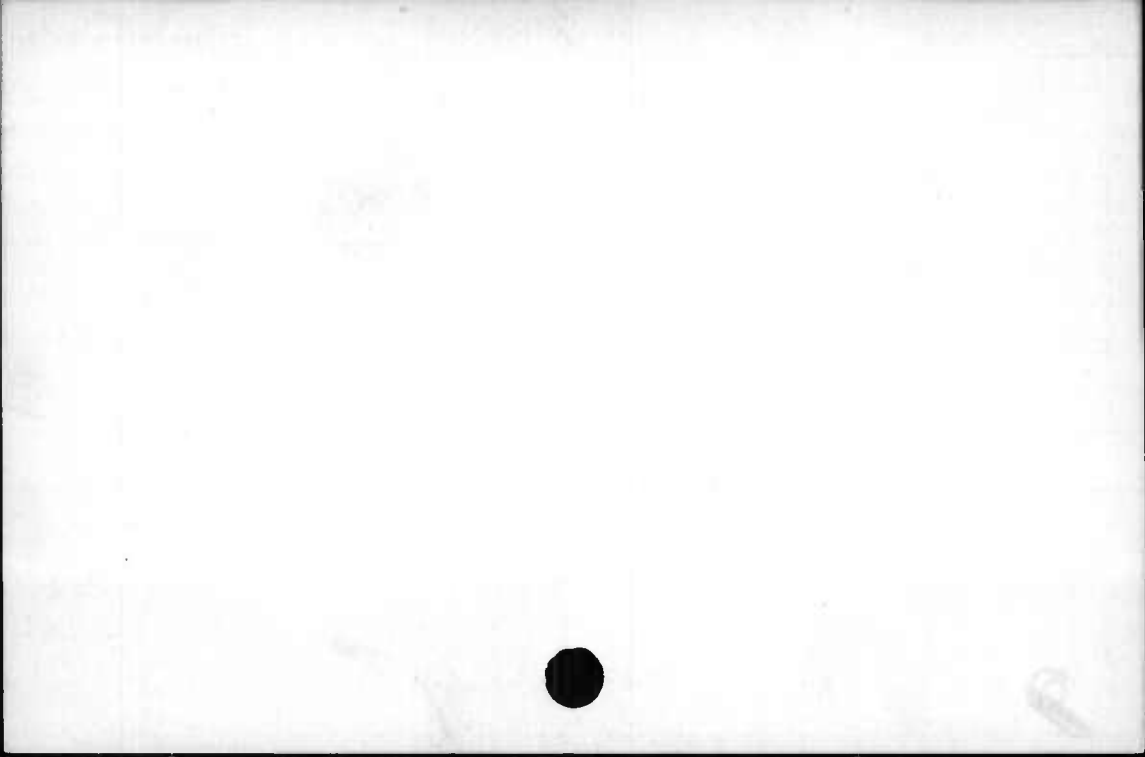
PHYSICIAN  
OR CORONER

Primary <i>Acute nephritis</i>	<i>119</i>	How long <i>Some weeks</i>
Immediate <i>uraemic</i>		How long <i>A few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. M. De la Broye</i>	Address <i>Cambridge, Mass</i>
Accident or Suicide? <i>8</i>		





Name in Full		Margaret A. Lewis				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		near Church Creek		Dorchester					
		Date of death	1906	Month	Oct.	Day	18th	Age	59
		Sex		Female		Color or Race		White	
		Birth-place		Dor. Co. Md.		Months		—	Days
Occupation		Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband				Martin K. Lewis	
Father's Name		Benjamin Fitzhugh				Father's Birthplace		Dor. Co. Md.	
Mother's Maiden Name		Angeline Parker				Mother's Birthplace		Dor. Co. Md.	
Name of person giving information		Irving Lewis				How related to deceased		Son	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Malarial Fever		How long		Four weeks	
		Immediate		Purpura Haemorrhagica Exanthem		How long		one week	
		Are the name, age, sex, color, date and place correctly given above?		Probably		Signature of Physician		R. L. Smithman M.D.	
				Address		Church Creek, Md.			
Accident or Suicide?									



Name  
in  
Full

*Mc Graft*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Linkwood* Town

*Dorchester* County

Date of death *1906 Oct*

Day *15*

Age *11* Years

Months *5*

Days *11*

Sex *Male*

Color or Race *Black*

Birth-place *Salem*

Occupation *\_\_\_\_\_*

Where Residing if not at place of death *Salem*

Married, Single or Widowed *\_\_\_\_\_*

Name of Wife or Husband *\_\_\_\_\_*

Father's Name *Josiah T McGraft*

Father's Birthplace *Dorchester*

Mother's Maiden Name *Mary T McGraft*

Mother's Birthplace *Dorchester*

Name of person giving information *Josiah T McGraft*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Col Infants* *105*

How long *15 Months*

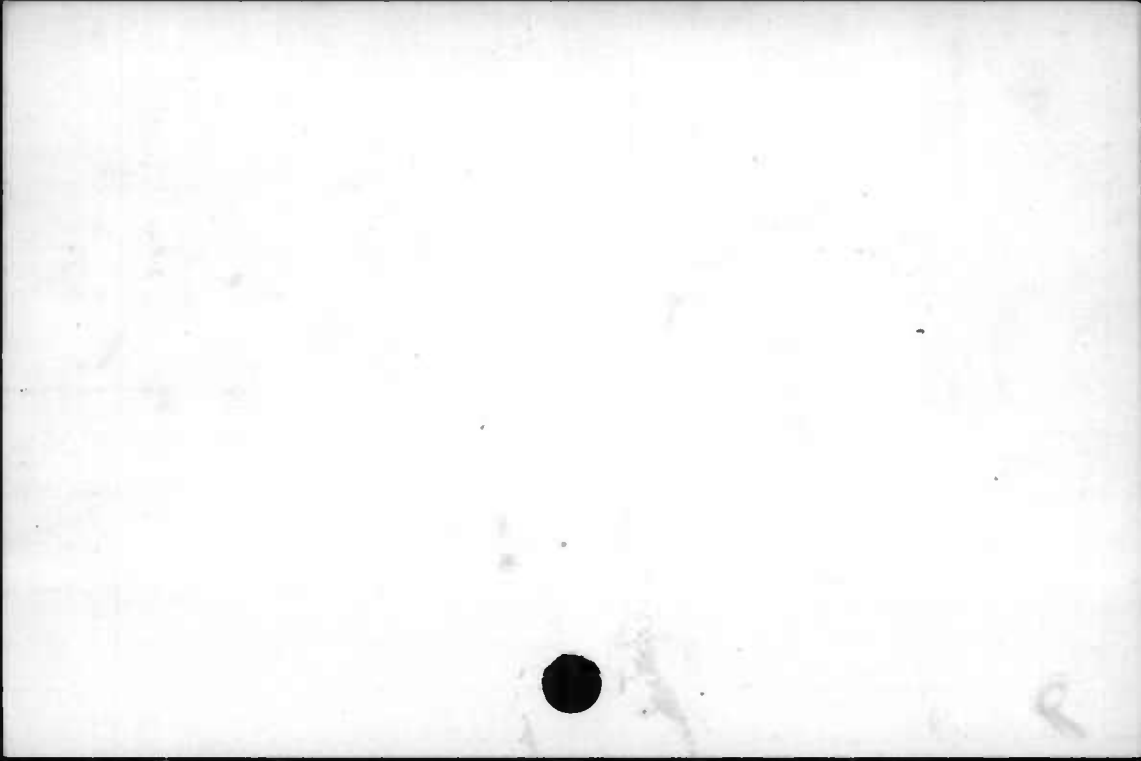
Immediate *\_\_\_\_\_*

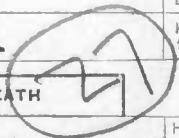

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. M. Vincent*

Address *Linkwood*

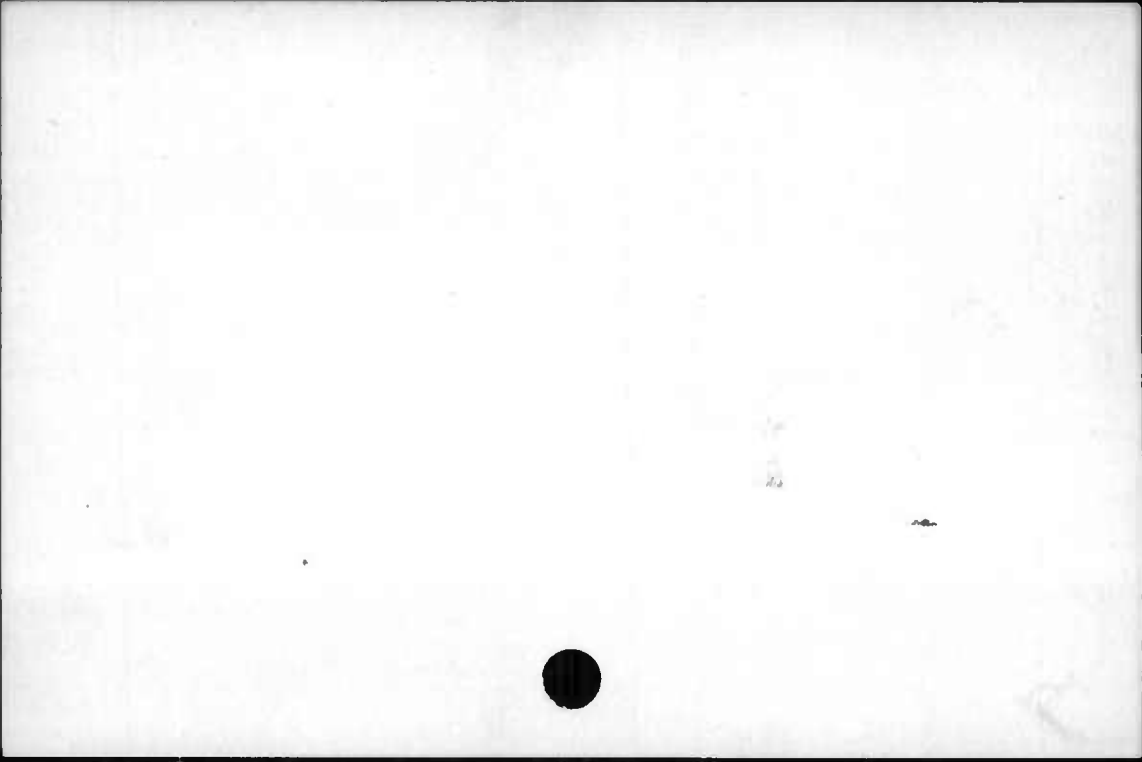
Accident or Suicide? *\_\_\_\_\_*



Name in Full		Ella Marshall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Thomas</u>		Town <u>Borchester</u>		County		MARYLAND
	Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>22</u>	Age <u>24</u>	Years <u>24</u>	Months	Days
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Thomas</u>			
	Occupation <u>Housewife</u>			Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Milton Marshall</u>					
	Father's Name <u>Lewis A. Messick</u>			Father's Birthplace			
	Mother's Maiden Name <u>Mollie Messick</u>			Mother's Birthplace <u>Thomas Md</u>			
Name of person giving information <u>Ella Marshall</u>			How related to deceased <u>Brother in law</u>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">  </div>							
PHYSICIAN OR CORONER	Primary <u>Pulmonary and laryngeal</u>			How long <u>8 mos</u>			
	<u>Tuberculosis</u>			How long			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>S A Stokes</u>			
				Address <u>Rt 6 #5 - Cambridge</u>			
<div style="text-align: center;">  </div>							
Accident or Suicide? <u>8</u>							



Name In Full		Yselle Is. Marshall		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cambridge</u> <small>Town</small>		<u>Prochesa</u> <small>County</small>		MARYLAND	
	Date of death <u>1906</u> <small>Month</small> <u>Oct-</u> <small>Day</small> <u>11</u> <small>Years</small> <u>-</u>	Age <u>-</u>		Months <u>3</u>	Days	
	Sex <u>male</u>	Color or Race <u>white</u>	Birth-place			
	Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>				
	Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>-</u>				
	Father's Name <u>Walter Marshall</u>	Father's Birthplace <u>Or. Co. Ind.</u>				
	Mother's Maiden Name <u>Mary W. Brown</u>	Mother's Birthplace <u>Or. Co. Ind.</u>				
	Name of person giving information <u>Mr. Willie Brown</u>	How related to deceased <u>Grandmother</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <u>Monomania</u>	(179)		How long <u>all of life</u>		
	Immediate <u>Gradual Exhaustion</u>			How long		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Guy Stuck</u>		Address <u>Cambridge Md.</u>		
			Address			
	Accident or Suicide?					





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant Meekins				Dor		MARYLAND	
Died at Fishing Creek				County			
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct	22				10
Sex		Color or Race		Birthplace			
Male		White		Fishing Creek			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John Meekins				Fishing Creek			
Mother's Maiden Name				Mother's Birthplace			
Lissie Hascill				Meekins Neck			
Name of person giving information				How related to deceased			
Major Simmons				Nephew			

## CAUSES OF DEATH

Primary

infection of lymphatic

How long

2 dx

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

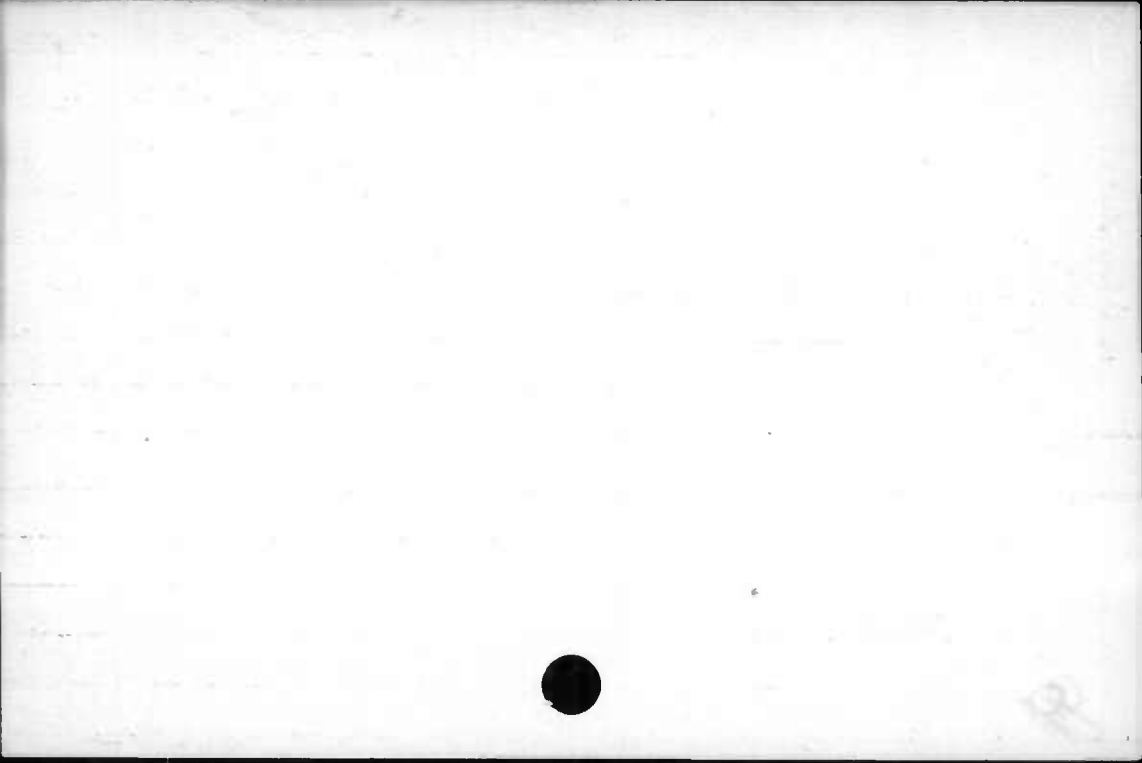
Signature of Physician

W H Houston

Address

Fishing Creek Ind

Accident or Suicide?



Name  
In  
Full

*Not Named Phillips*

CERTIFICATE OF DEATH

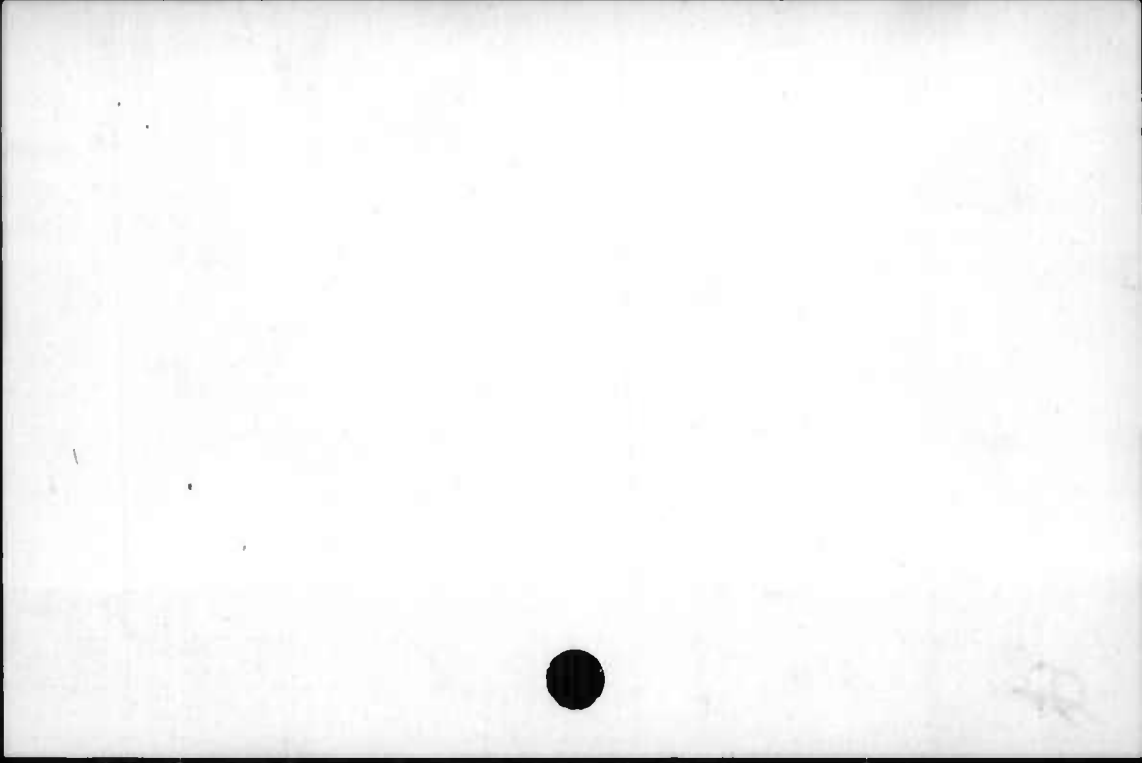
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lickwood</i>		County <i>Burchester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>2</i>	Age	Years	Months <i>5</i> Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Lickwood</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James E. Phillips</i>	Father's Birthplace <i>Salem</i>				
Mother's Maiden Name <i>Clara Twilley</i>	Mother's Birthplace <i>Babine Creek</i>				
Name of person giving information <i>Father</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infant Colic</i>		How long	<i>1 day</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. J. Sayers</i>	
		Address	<i>East Newmarket Ind.</i>	
Accident or Suicide?				



Name  
in  
Full

Charles W. Reed

## CERTIFICATE OF DEATH

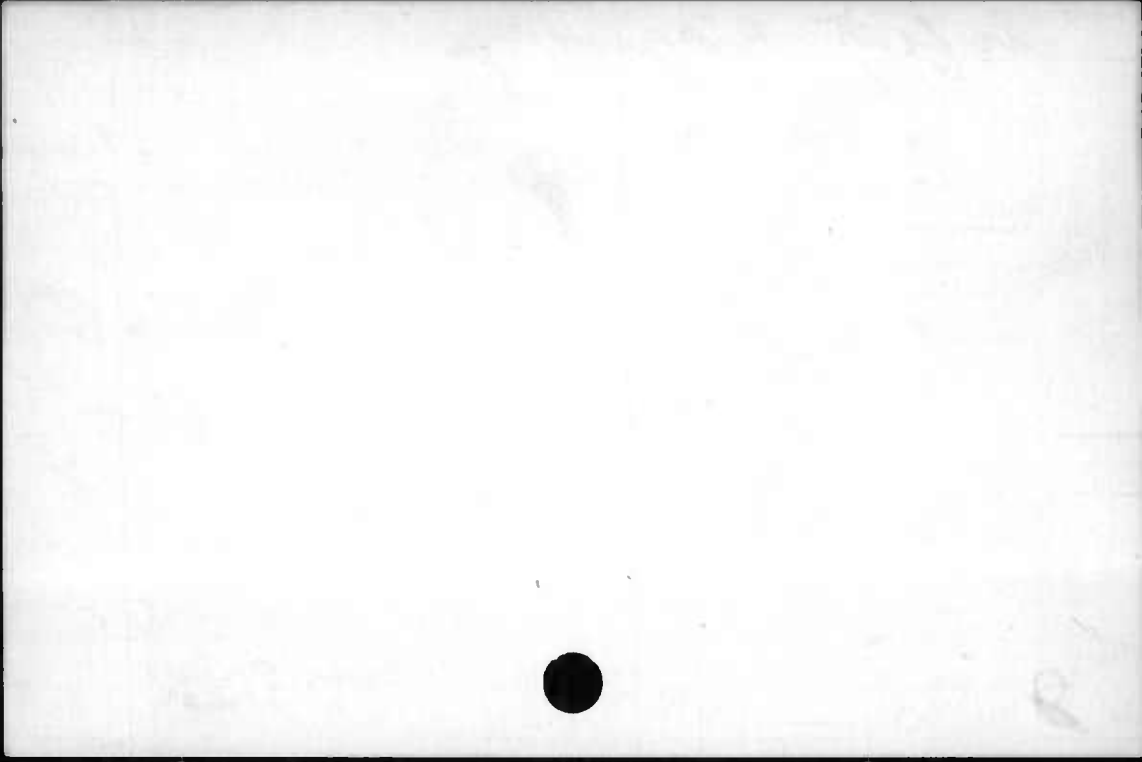
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1906	Month Oct.	Day 14 <sup>th</sup>	Age	Years 76	Months	Days
Sex	Male		Color or Race	White		Birth- place	Maryland
Occupation	Contractor			Where Residing if not at place of death Cambridge			
Married, Single or Widowed	Married		Name of Wife or Husband	Lizzie Reed			
Father's Name	—					Father's Birthplace	
Mother's Maiden Name	—					Mother's Birthplace	
Name of person giving information	Lizzie Reed					How related to deceased	Wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption (Scurvy)	How long	34 years
Immediate	Epheumstion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Harry Steele
		Address	Cambridge Md.
Accident or Suicide?			



Name  
in  
Full

infant Riggins

## CERTIFICATE OF DEATH

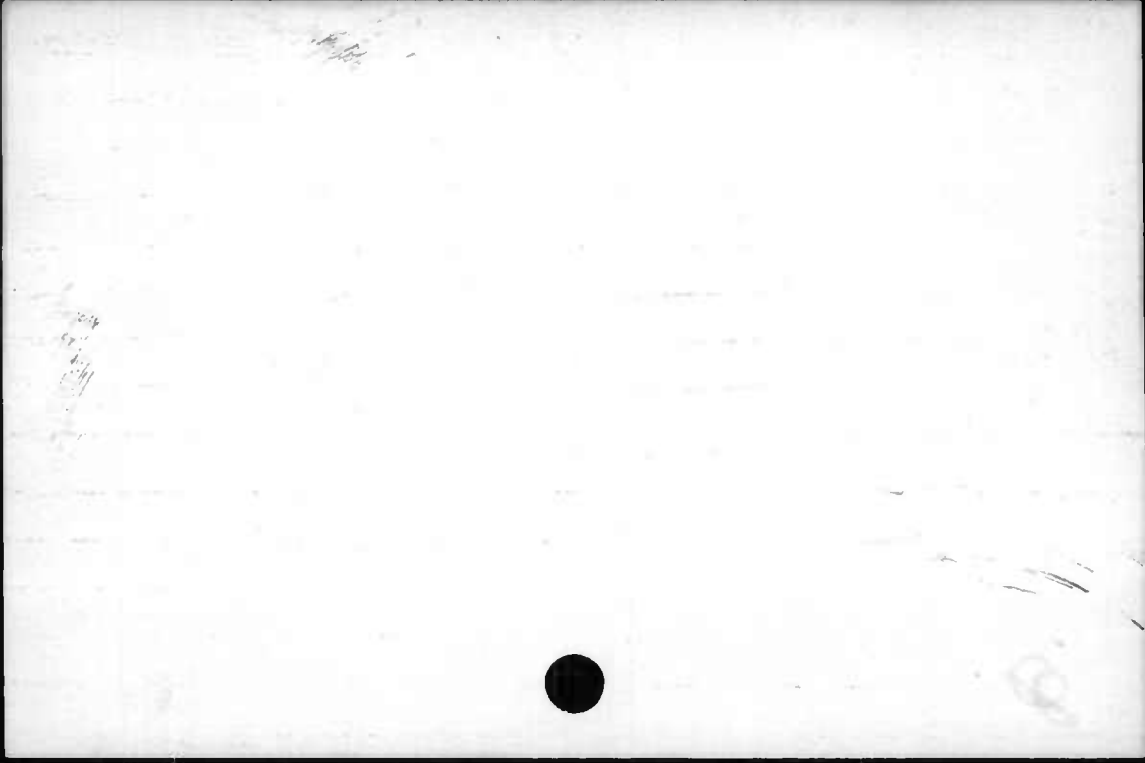
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bushing Creek</i> Town		<i>Dor</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>2</i>	Age _____	Months _____	Days <i>29</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Bushing Creek</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>John Riggins</i>			Father's Birthplace <i>McKins Neck</i>		
Mother's Maiden Name <i>Nettie Craghton</i>			Mother's Birthplace <i>Bushing Creek</i>		
Name of person giving information <i>John Riggins</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Erysipels of abdomen</i>	How long <i>4 days</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J H Houston</i>
<i>8</i>	Address <i>Bushing Creek</i>
	<i>md</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Infant Quark

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND							
Date of death		Month		Day		Years		Months		Days			
1906		Oct		16		Age		5 months		20			
Sex		Female		Color or Race		White		Birth-place		Md			
Occupation				Where Residing if not at place of death									
Married, Single or Widowed				Name of Wife or Husband									
Father's Name				Fred. E. Quark				Father's Birthplace				Md	
Mother's Maiden Name				Ella Quark				Mother's Birthplace				Md	
Name of person giving information				Fred E Quark				How related to deceased				Father	

## CAUSES OF DEATH

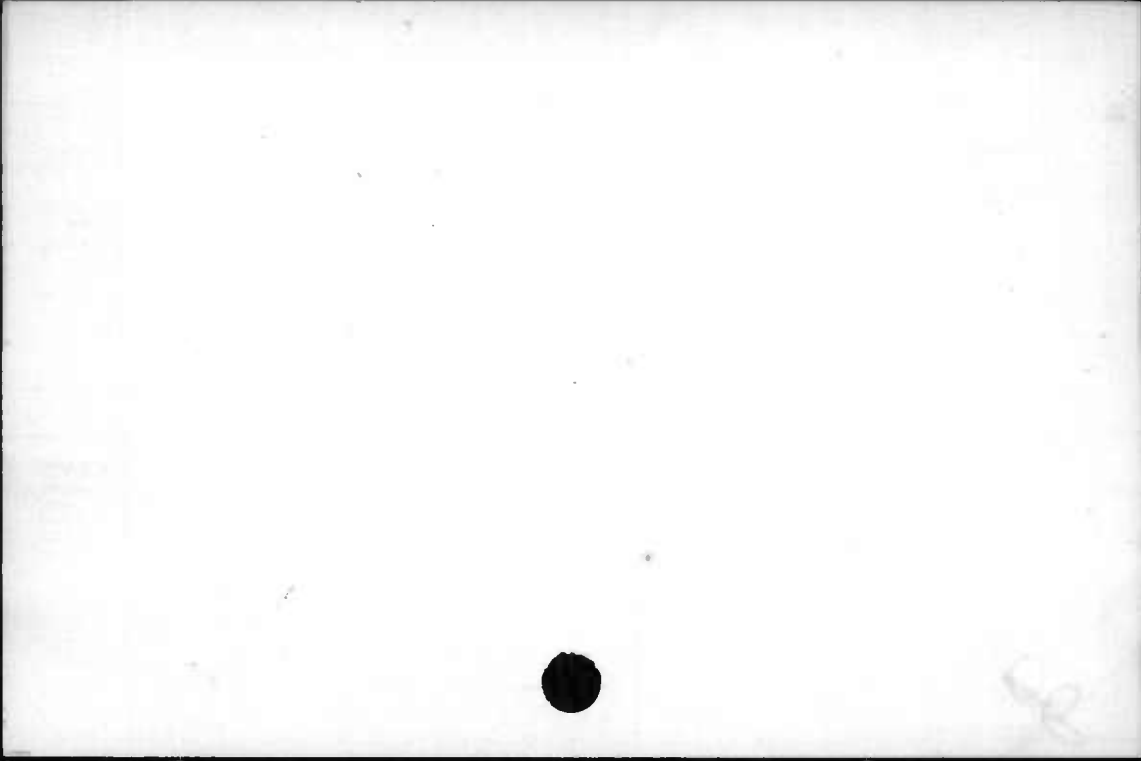
PHYSICIAN  
OR CORONER

Primary	179	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



P

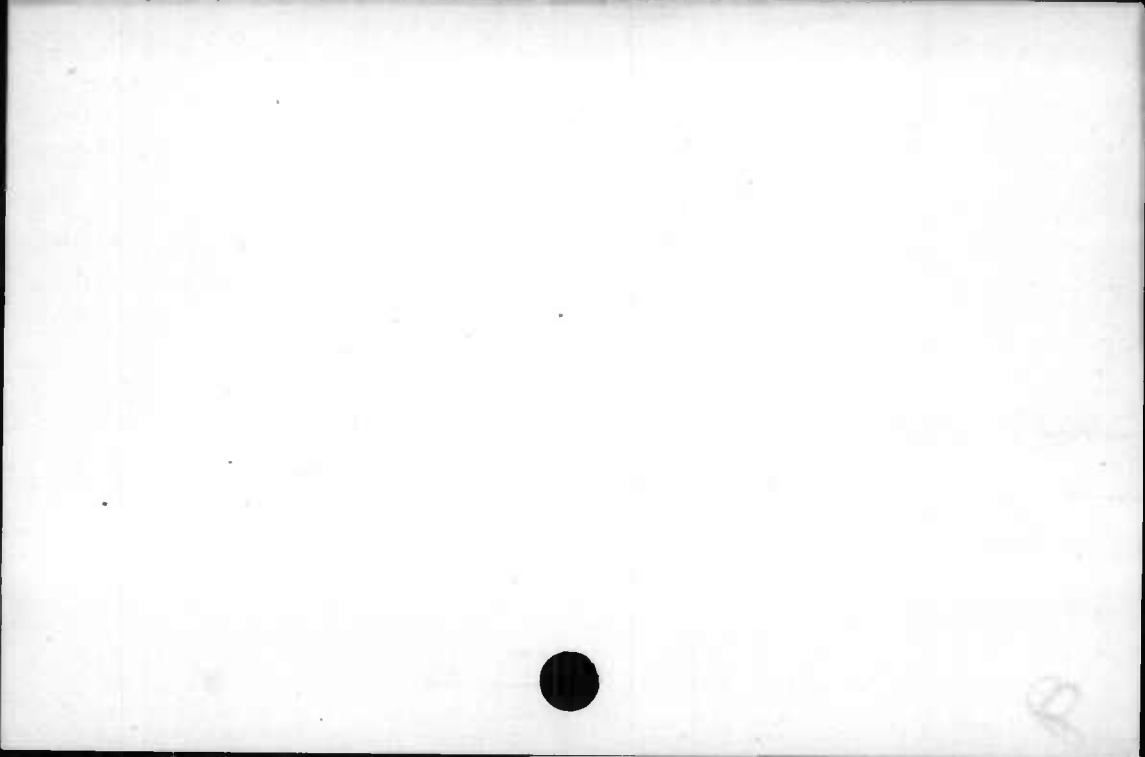
Name in Full		Birtchie Sampson						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Linkwood		County Dorchester		MARYLAND			
	Date of death		190	6	10	20	Age	Months 9	Days 20	
	Sex		Female		Color or Race		Black		Birth- place	Linkwood
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name				Father's Birthplace					
	Mother's Maiden Name				Mother's Birthplace					
Name of person giving In formation				How related to deceased						
				Clarence Sampson					Father	
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Whooping Cough (C)					How long		
								7 days		
	Immediate							How long		
		Are the name, age, sex, color, date and place correctly given above?			yes		Signature of Physician			
							Address			
							A. M. Vincent Asst H			
		Accident or Suicide?								



Name in Full <b>Eliza Smallwood</b>		CERTIFICATE OF DEATH	
Died at <b>Cambridge</b> <sup>Town</sup>		<b>Dorchester</b> <sup>County</sup>	
Date of death <b>1906</b> <sup>Month</sup> <b>10</b> <sup>Day</sup> <b>11</b>		Age <b>70</b> <sup>Years</sup> <b>—</b> <sup>Months</sup> <b>—</b> <sup>Days</sup>	
Sex <b>Female</b>		Color or Race <b>Blk</b>	
Occupation <b>Hulk</b>		Birth-place <b>Ind</b>	
Where Residing if not at place of death			
Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband	
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <b>Mary E. Stevens</b>		How related to deceased <b>Grand-Daughter</b>	
CAUSES OF DEATH			
Primary <b>Arterio-sclerosis</b>		How long <b>(14)</b>	
Immediate <b>Apoplexy</b>		How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>E. E. Wolff</b>	
		Address <b>Cambridge, Ind.</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Severniah Spicer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Church Creek		County Donchester		MARYLAND	
	Date of death		1906	Month Oct	Day 26 <sup>th</sup>	Age	68	Months 9 Days 22
	Sex		Male		Color or Race		White	
	Occupation		School Teacher		Where Residing if not at place of death		Dor. Co, Md.	
	Married, Single or Widowed		Married		Name of Wife or Husband		Julia A. Keene First Alice Rouse Last	
	Father's Name		Travis Spicer		Father's Birthplace		Dor. Co Md	
	Mother's Maiden Name		Matilda Fountain		Mother's Birthplace		Caroline Co. Md	
Name of person giving information		Bernard L. Spicer		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Chronic Bright's disease				How long	3 or 4 years
	Immediate		Cardiac Dropsy				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. L. Lovittson, M.D.	
					Address		Church Creek, Md.	
Accident or Suicide?								

10.1.10

10.1.10

10.1.10





Name  
In  
Full

Clara H Stapleford-


## CERTIFICATE OF DEATH

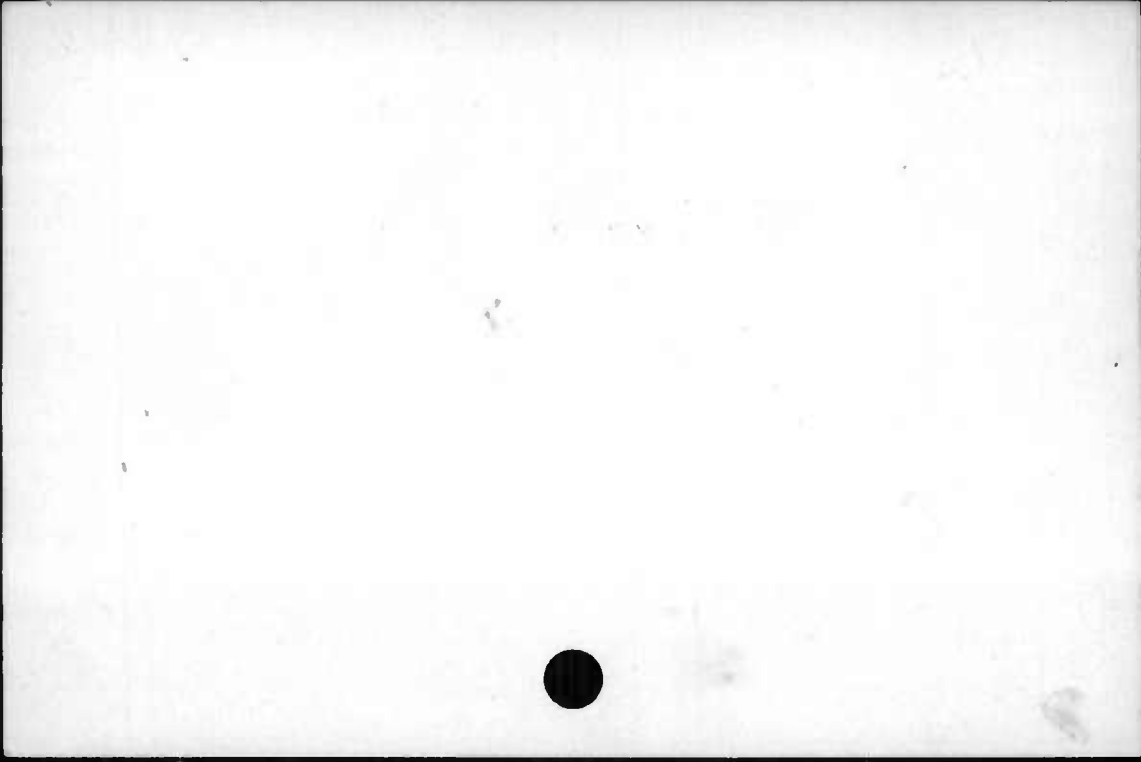
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Church Creek		<sup>County</sup> Dorchester Co		MARYLAND	
Date of death	1906	Month	Oct	Day	15
		Years	96	Months	9
		Days	12		
Sex	Female		Color or Race	White	
Occupation	Housekeeper		Birth-place	Church Creek	
Where Residing if not at place of death	Church Creek				
Married, Single or Widowed	Single		Name of Wife or Husband	Clara H Stapleford-	
Father's Name	Magg George W Lake		Father's Birthplace	Lakes	
Mother's Maiden Name	Clara H Lake		Mother's Birthplace	Lakes	
Name of person giving information	Charles Lake		How related to deceased	Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old Age	How long	About 6 days
Immediate	Heart Failure	How long	Two hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Victor B. Barlow M.D.</i> Address <i>Cambridge Md.</i>		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Wesley Stanley  
 Died at *Secretary* Town County  
 Date of death *1906* Month *10* Day *14* Age *2* Years Months *2* Days *21*  
 Sex *Male* Color or Race *colord* Birth-place *Dorchester*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

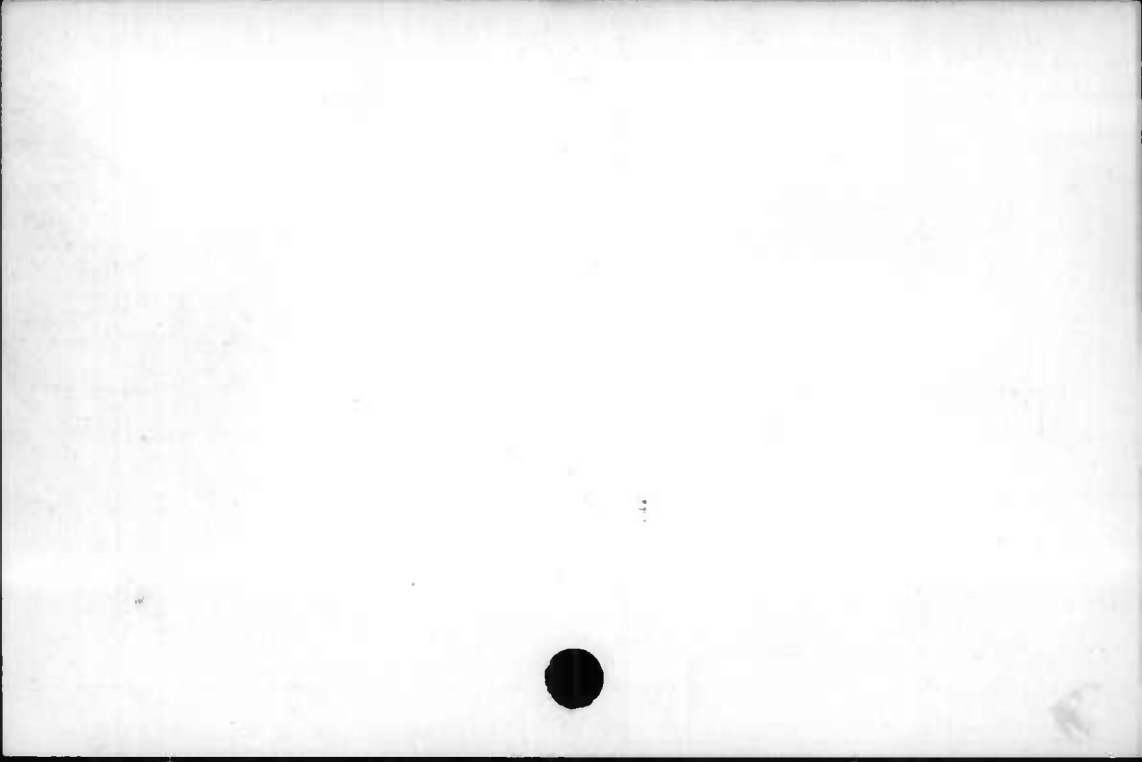
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Harlock* TownCounty *Dorchester*Date of death *1906 Oct*Day *17*Age *one*Months *two*Days *—*Sex *Female*Color or Race *Black*Birth-place *Harlock*

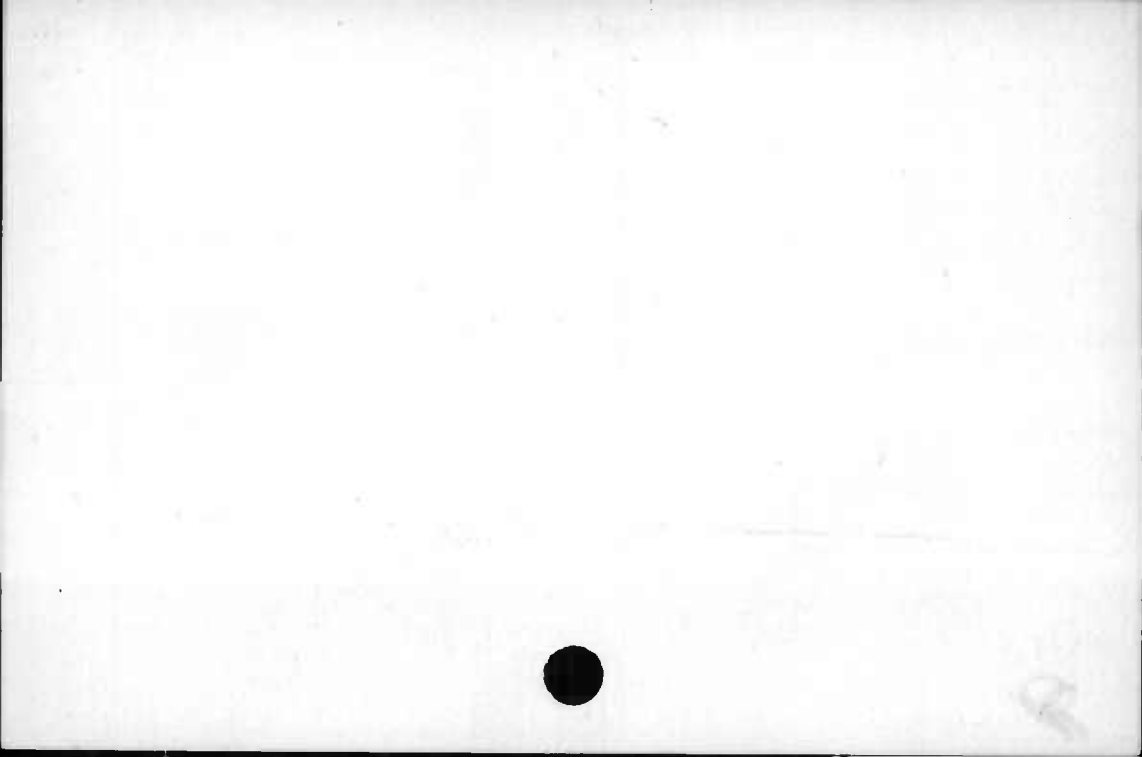
Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed *Single*Name of Wife or  
Husband *—*Father's  
Name *unknown*Father's  
BirthplaceMother's  
Maiden Name *Ellen Strawberry*Mother's  
Birthplace *unknown*Name of person giving  
In formation *James Strawberry*How related  
to deceased *Grandfather*

## CAUSES OF DEATH

Primary *Euler's Colitis*How long *3 weeks*Immediate *Don ulcerious*How long *3 days*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician *J. H. Maguire*Address *Harlock Md*

Accident or Suicide?



Name  
is  
Full

Oscar M. Sullivan



## CERTIFICATE OF DEATH

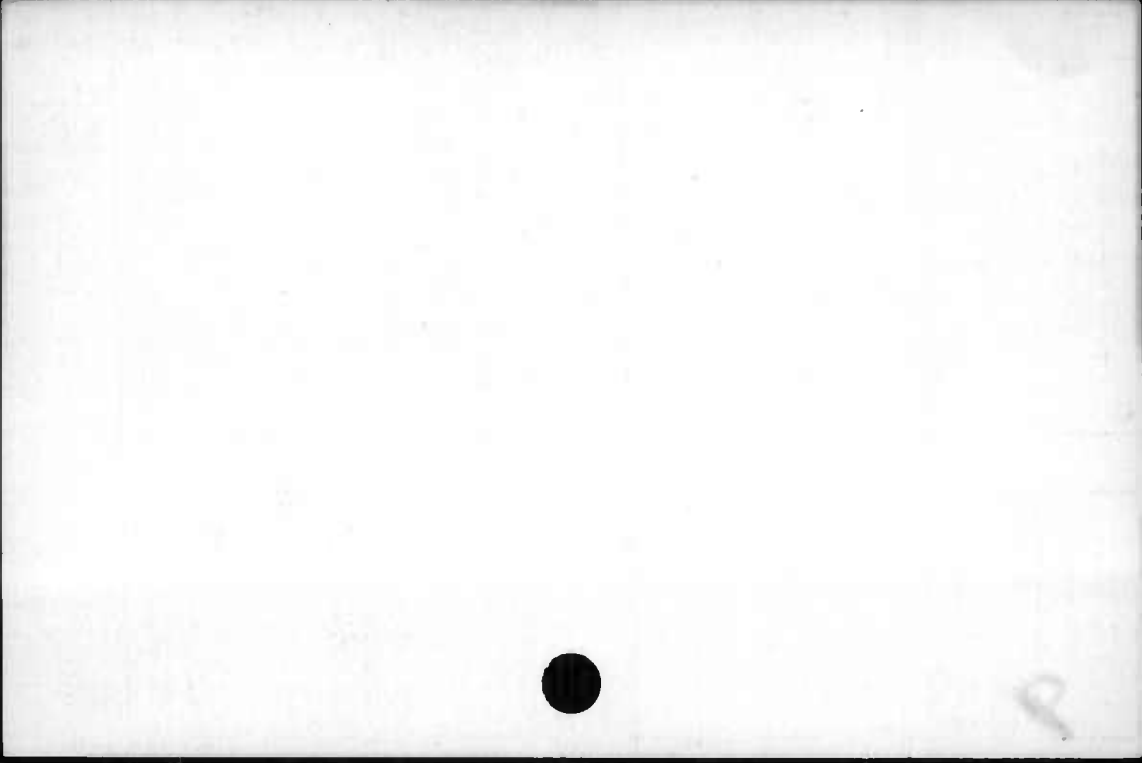
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1906	Month <i>Oct.</i>	Day <i>28<sup>th</sup></i>	Age	Years <i>11</i>	Months <i>10</i>	Days <i>9</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>None</i>			Where Residing if not at place of death <i>Cambridge "</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Milton Sullivan</i>				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name		<i>Ida A. Richardson</i>				Mother's Birthplace <i>"</i>	
Name of person giving information		<i>Milton Sullivan</i>				How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Measles (Chronic)</i>	How long	<i>Several Years</i>
Immediate	<i>Cholera</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. G. C. G. G. G.</i>
		Address	<i>Cambridge, Ma</i>
			
			
Accident or Suicide?			





Name  
in  
Full

Lena Temple

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Aireys* Town

County

Date  
of death *1906*Month *Oct*Day *17*

Age

Years *2*Months *2*Days *3*Sex *Female*Color or  
Race *colored*Birth-  
place *Aireys*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name *Liquid Temple*Father's  
BirthplaceMother's  
Maiden Name *Mamie Stanley*Mother's  
Birthplace *Aireys*Name of person giving  
In formation *Josiah Pinder*How related  
to deceased *Not any*

## CAUSES OF DEATH

Primary *Not Known*

How long

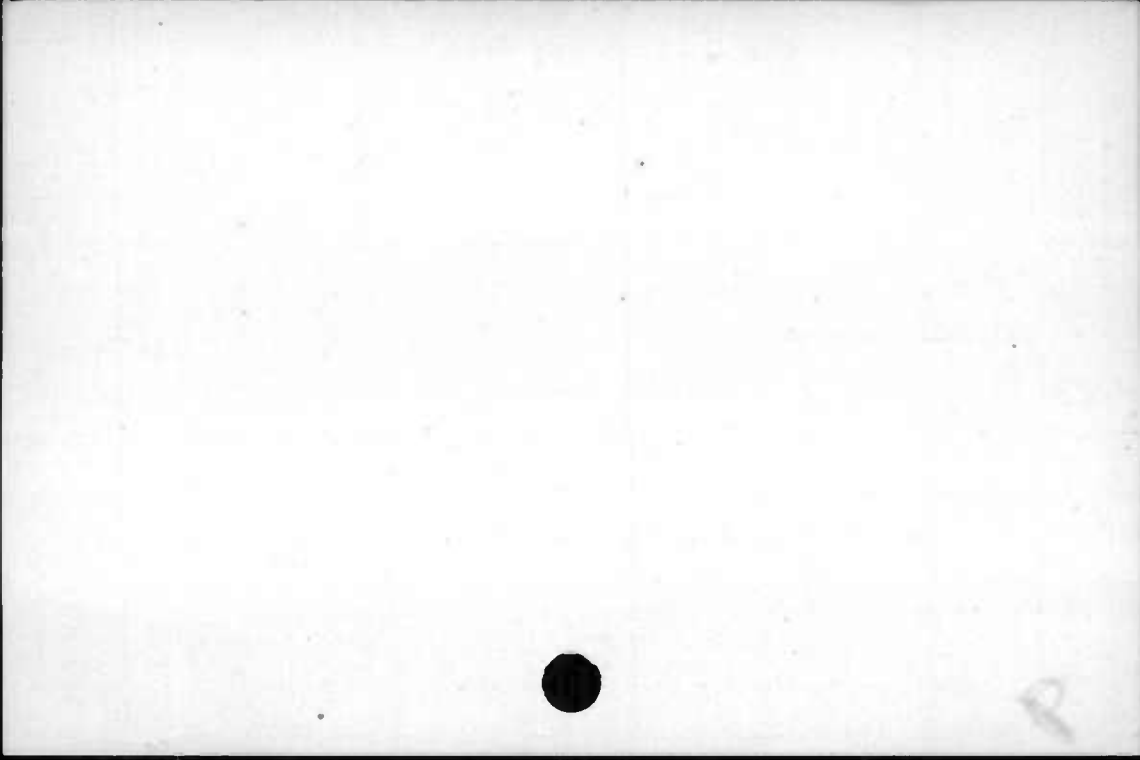
*6 hours*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *Did not have any*Address *W. Fox Sub Reg*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George E. Whaples*

Died at *Cambridge* <sup>Town</sup> *Dorchester* <sup>County</sup> **MARYLAND**

Date of death *1906* <sup>Month</sup> *Oct* <sup>Day</sup> *11* <sup>Years</sup> *1* <sup>Months</sup> *4* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *MA*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Cambridge MA*

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband *Mary F. Whaples*

Father's Name *George H. Whaples* Father's Birthplace *MA*

Mother's Maiden Name *Mary F. O'Day* Mother's Birthplace *MA*

Name of person giving information *Mary F. Whaples* <sup>109</sup> How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Heart of interest for sign today* <sup>swallowing</sup> How long *1 week*

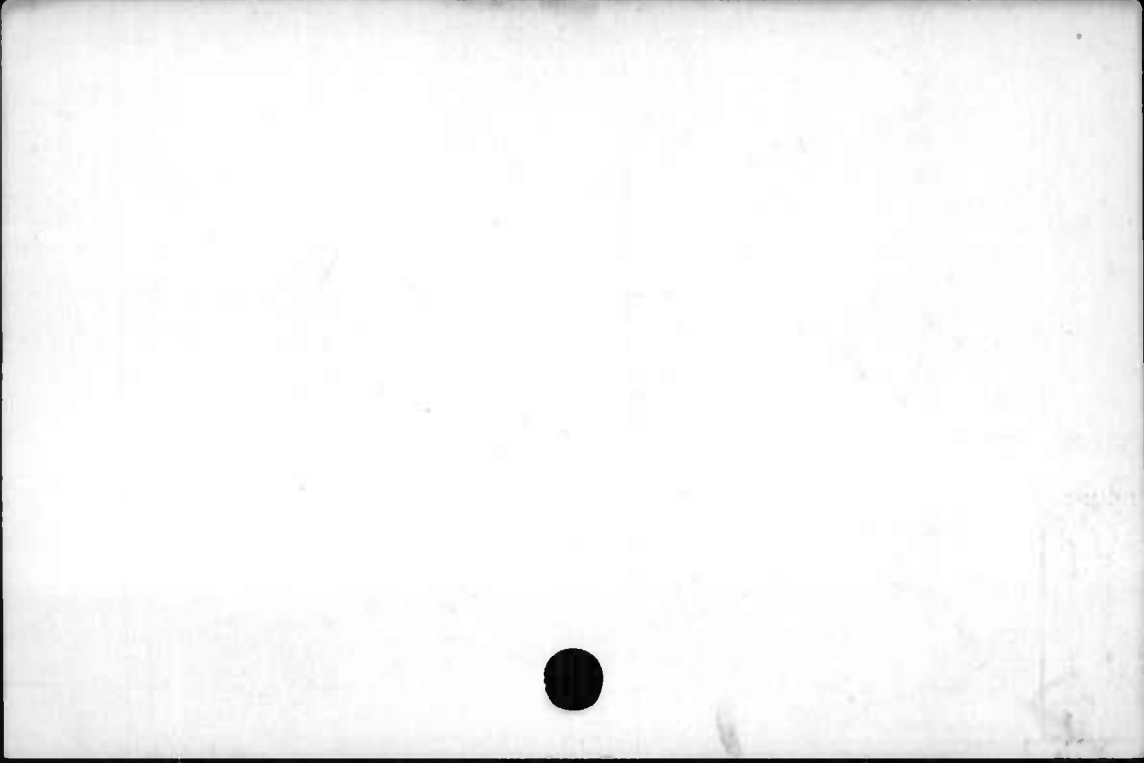
Immediate *Exhaustion from enteritis* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Guy Steele*

Address *Cambridge Md.*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Galestown</i> Town		<i>Down</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>26</i>	Age <i>5</i> Years	Months <i>6</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Galestown</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Thos H. Whealley</i>			Father's Birthplace <i>Galestown</i>		
Mother's Maiden Name <i>Agusta Schmitt</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>5 Days</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. R. Osler</i>
	Address <i>Galestown</i>
Accident or Suicide?	



Name  
in  
Full

Hamilton Willey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct</i>	Day	<i>14</i>	Age	<i>3</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birthplace	<i>Maryland</i>
Occupation	<i>Iron</i>			Where Residing if not at place of death <i>Near Cambridge Md</i>			
Married, Single or Widowed	<i>—</i>			Name of Wife or Husband <i>—</i>			
Father's Name	<i>Hamilton Willey</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Edith Lowe</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Hamilton Willey</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pertussis</i>	How long	<i>(4)</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

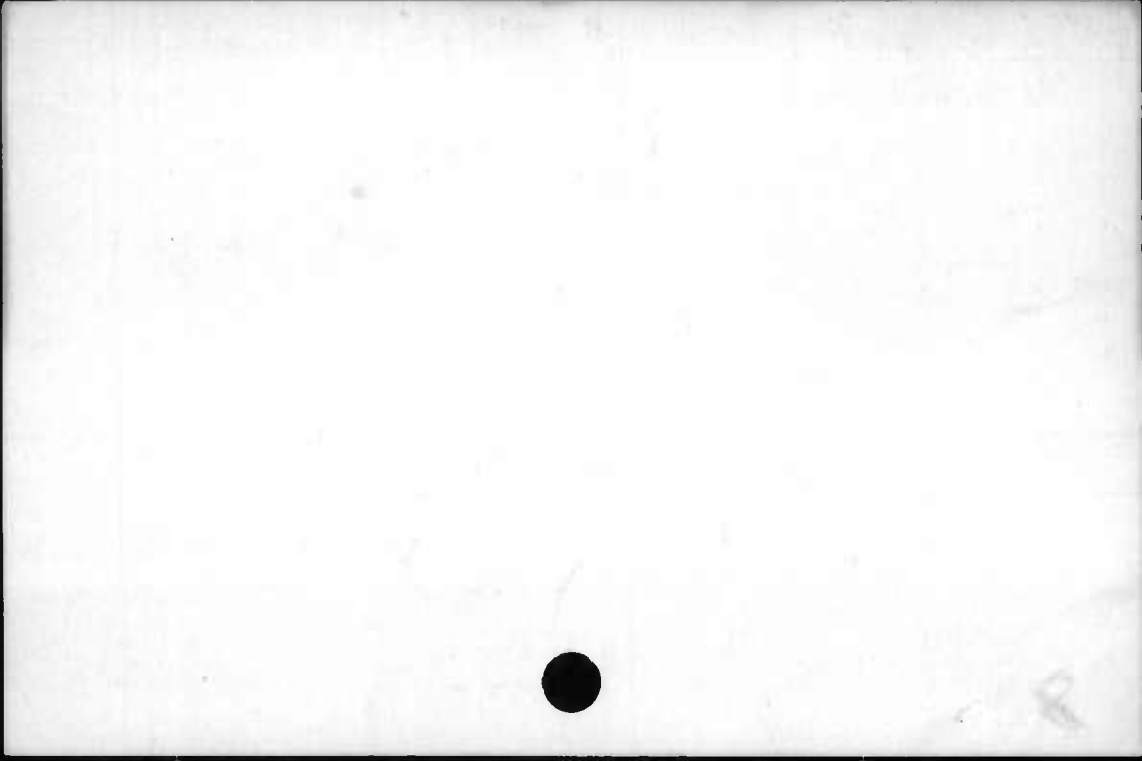
Signature of Physician

Address

*Walter Willis & Bro*

Accident or Suicide?

*No Physician in attendance*





Name  
in  
Full

Mr James L Wright.

## CERTIFICATE OF DEATH

MARYLAND

Died at Cambridge TownCounty DorchesterDate of death 1906 Month OctDay 1Age 63 YearsMonths 2Days 11Sex FemaleColor or Race WhiteBirth-place Dorchester MdOccupation Housewife

Where Residing if not at place of death

Married, ~~Single~~  
or WidowedName of Wife or Husband William WrightFather's Name Mr. WheretteFather's Birthplace Caroline Co MdMother's Maiden Name Rebecca WheretteMother's Birthplace " " "Name of person giving information Walter WrightHow related to deceased Son.

## CAUSES OF DEATH

Primary Cause of StomachHow long Some monthsImmediate EpitheliumHow long Some daysAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician Dr. E. L. BrownAddress Cambridge Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

